



Las Cruces Police Department
GENERAL ORDERS
ADMINISTRATION VOLUME 1
GO-120 BLOODBORNE PATHOGENS (Most Critical)
Revised 10/31/2014

120 BLOODBORNE PATHOGENS

PURPOSE

The purpose of this General Order is to establish procedures and guidelines for mitigating employee exposure to bodily fluids such as blood or other potentially infectious materials.

POLICY

The Las Cruces Police Department (LCPD) shall comply with all legal and regulatory obligations for the prevention of exposure to bloodborne pathogens. The department shall comply with regulations for the prevention of occupational exposures to bloodborne pathogens.

APPLICABILITY

This General Order is applicable to all employees. The General Order supersedes all previous versions.

REFERENCES

- NMML PER.10.01
- Occupational Safety and Health Administration (OSHA), 29 CFR 1910.1030, Bloodborne Pathogens
- Needlestick Safety and Prevention Act
- Medical Waste Management Act, Sections 117600 thru 118360
- NM Occupational Health and Safety Bureau
- Infection Control Plan

DEFINITIONS

Blood – Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

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



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120.01 DESIGNATED INFECTION CONTROL OFFICER

A. The Designated Infection Control Officer (DICO) is appointed by the Chief of Police and is responsible for:

1. Developing and maintaining the department's Exposure Control Plan to include Tuberculosis (TB) control.
2. Monitoring compliance with the department's infection control practices/procedures.
3. Coordinating training for department employees.
4. Coordinating with Administration and Risk Management on infection control and related compliance issues.
5. Ensuring reporting and documentation of exposures, medical follow-up, confidentiality and recordkeeping.
6. Maintaining confidential records on employee exposures, medical follow-up, and personal health.
7. Reporting cumulative statistics on exposures and compliance monitoring to Administrations and Risk Management.

B. The DICO is available after normal hours on an on-call basis to respond to reports of exposure.

120.02 EXPOSURE TO BLOODBORNE PATHOGEN

In the event of exposure to bodily fluids under circumstances that could present a risk of infectious exposure, a report shall be made to the DICO as soon as possible by the exposed employee or his/her supervisor. Once the exposure is confirmed by the DICO, the DICO may solicit the cooperation of the source person through voluntary testing with informed consent or follow appropriate procedures to compel the source person to submit to testing. The DICO may request the on-call Criminal Investigations Section detective to assist with obtaining a warrant for a sample from the source person. The standard operating procedure on local infection control and exposure should be followed at all times. The DICO shall manage the exposure by using the Post Exposure Reporting and Management Packet.



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120.03 PERSONAL PROTECTIVE EQUIPMENT

- A. Personal protective equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. PPE includes, but is not limited to:
1. Latex gloves
 2. Surgical masks
 3. Clothing that does not permit blood or other potentially infectious materials to pass through and come in contact with the employee's street clothes and/or uniform, undergarments, or skin.
 4. General work clothes (e.g., uniforms, pants, shirts) not intended to function as protection against a hazard are not considered to be PPE.
- B. PPE shall be issued based on the needs of each particular work group and the anticipated exposure and may include, but not be limited to:
1. Disposable gloves
 2. Protective eyewear
 3. Surgical mask
 4. Respirators
 5. Cover gowns
 6. Waterless hand wash solution
 7. Biohazard bags
- C. PPE is provided by the department at no cost to the employee and shall be decontaminated or destroyed as necessary.
- D. Employees shall wear PPE as necessary whenever there is a risk of potential exposure. Disposable PPE such as latex gloves shall be properly disposed of and shall not be washed, decontaminated, or reused. Reusable PPE shall be decontaminated. Reusable



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PPE shall be destroyed when it is cracked, torn, punctured, or their ability to function as a barrier is compromised.

- E. Supervisors shall ensure that PPE is available. Employees shall have PPE available in vehicles with extra supplies located at the station.
- F. An employee may decline the use of PPE in an emergency situation. An investigation shall be conducted by the DICO to determine if the non-use of PPE was warranted.
- G. When PPE equipment is removed it shall be placed in an appropriate biological hazard container. The container shall be:
 - 1. Closable.
 - 2. Constructed to contain all contents and prevent leakage of fluids.
 - 3. Labeled "BIOHAZARD" and colored red.
 - 4. Closed prior to removal.
- H. Disposal of infectious waste shall be done in accordance with all federal, state, and local requirements.

120.04 STANDARD PRECAUTIONS AND WORK PRACTICES

- A. The department follows a program of standard precautions for protection against diseases spread by blood or bodily fluids. ("Bodily fluids" refers to fluids that may contain blood or feces, not urine, sweat, saliva or tears.) This means that, for safety purposes, employees shall operate on the assumption that all blood and body fluids are potential carriers of a bloodborne disease and will adhere to standard precautions to protect against diseases. The following standard precautions shall be followed:
 - 1. Eating, drinking, smoking, applying cosmetics, lip balm or handling contact lenses are prohibited in work areas, including field locations, where there is an anticipated risk of exposure to bloodborne pathogens.
 - 2. OSHA regulations mandate standard precautions at all times to prevent contact with blood or other potentially infectious materials. It is difficult or impossible to differentiate between body fluid types under circumstances present in the workplace. **ALL BODY FLUIDS SHALL BE CONSIDERED**



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POTENTIALLY INFECTIOUS MATERIALS, including blood, tissue, or organs from either a living or dead human.

3. Any employee cleaning up a spill of blood, bodily fluids, or rendering emergency medical assistance will wear appropriate protective gear (such as latex gloves and a mask).
4. Protective gear for cleaning blood and/or body fluid spills will be provided by the city and will be located near any area determined to be a site of such a spill, in emergency response vehicles, and at first aid stations.
5. An employee rendering medical assistance, which may expose the employee to blood or bodily fluids, will take standard precautions against contamination (such as wearing latex gloves while bandaging a bleeding wound, or using a disposable mouthpiece for CPR). An employee exposed to blood or bodily fluids will scrub with soap and water, removing rings, watch and jewelry as soon as practical after providing medical assistance.
6. Gloves and one-way CPR masks shall be available in all first aid kits.
7. Anticipated exposure at a place where hand-washing facilities are not available, antiseptic hand cleaner or towelette shall be readily accessible and shall be used. However, if antiseptic hand cleaner or towelette are used, the exposed areas shall be washed with soap and water as soon as possible after the removal of personal protective equipment.
8. Contaminated syringes or needles shall be handled only in accordance with approved available methods or with approved devices. Syringes or needles shall not be bent, recapped, or removed unless authorized and the employee is specifically trained to do so. Syringes or needles shall be placed in approved containers.
9. Equipment which may become contaminated with blood or other potentially infectious material shall be examined prior to servicing and shall be decontaminated as necessary. Emergency service equipment may be used while contaminated to complete the assignment. The contaminated area shall be identified with an approved "BIOHAZARD" label as practical. Upon completion of the immediate assignment, vehicles and equipment shall be removed from service and decontaminated prior to the next use, and all affected employees, including maintenance personnel, shall be informed of the hazard, until decontaminated.



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10. Any additional precautions applicable to specific job functions, as well as any further general precautions, will be conveyed through employee training sessions, educational material, or more specific departmental policy.

120.05 SPECIFIC SAFETY PRECAUTIONS

A. Arrest and incarceration:

1. Protective gloves should be worn when handling persons believed to carry an infectious disease.
2. Safe search techniques should be utilized to avoid contact with contaminated body fluids or sharp objects.
3. Special transportation should be considered for transporting prisoners suspected of being contaminated and/or are soiled with blood or body fluids. This may include the use of a plastic sheet as a seat cover or solitary transportation to avoid exposing other prisoners. All vehicles used to transport a contaminated prisoner shall be properly decontaminated.

B. Crime Scene Processing:

1. Wear PPE to prevent direct contact with blood and body fluids.
2. Utilize proper evidence collection techniques and exercise extreme care when searching hidden areas, such as in dresser drawers, pockets, and any area that cannot be directly seen while searching.
3. Refrain from eating, drinking, smoking, or applying makeup at any contaminated scene. Keep hands away from face, especially the mouth and eyes when handling evidence or when in contact with fluids.

C. Evidence handling:

1. Suspected contaminated evidence shall be placed in proper containers and labeled with a "BIOHAZARD" label to warn others who may handle the items.
2. Contaminated evidence shall be stored to prevent contamination of other items.

D. Decontamination procedures:



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1. Employees shall properly dispose of PPE used at the scene, or thoroughly wash with a disinfectant.
2. Any equipment used at the crime scene should be decontaminated with an appropriate disinfectant before being handled or put away.
3. Precautions shall be taken to decontaminate the scene of any suspected infected blood or body fluid to prevent contamination of other individuals.
4. Contaminated waste warnings should be issued to other agencies and personnel to whom the crime scene may be relinquished. "BIOHAZARD" labels shall be placed where appropriate.

E. Treating medical emergencies:

1. Use PPE as necessary to prevent contamination with blood or body fluids while treating patients.
2. Use safe resuscitation equipment and decontamination procedures when administering CPR with a one-way CPR mask.
3. Properly dispose of contaminated waste used to treat patients.

F. Death scene processing:

1. Wear appropriate PPE as necessary to prevent direct contact with blood and body fluids.
2. Prior to transporting a body suspected of being contaminated with an infectious disease, notify the receiving agency of the contamination.
3. Follow necessary decontamination procedures for personnel and the scene.

120.06 DECONTAMINATION

- A. Decontamination of employees, equipment, materials, and the environment shall be done immediately or as soon as practical upon discovery of the contamination. Decontamination means the washing of the body, equipment, materials, and the environment so as not to have any contamination with blood or other potentially infectious materials.



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- B. The minimum acceptable level of decontamination is washing with soap and water for at least 2 minutes. Depending on the type of contamination, more aggressive measures may need to be taken such as use of commercially prepared agents or a 1:9 solution of household chlorine bleach and water.
- C. If an employee's clothes become contaminated the employee shall remove all contaminated clothing and wash with soap and water as soon as practical. If contamination of an employee's clothes results in an exposure of the employee's non-intact skin or mucus membranes, the employee should make an immediate report of exposure to the DICO. If the employee is required to enter a vehicle while contaminated, both the employee and vehicle shall be decontaminated prior to being put back into service.
- D. Clothing and equipment that needs to be decontaminated shall be placed in a container which is clearly marked and identified with the appropriate "BIOHAZARD" label. Clothing and equipment can be decontaminated and/or laundered at Las Cruces Fire Department (LCFD) facilities after contacting the on-duty Battalion Chief. Washing in 160 degree F. water for at least 25 minutes with chlorine bleach is effective. Employees tasked with laundering and/or cleaning clothing and equipment shall utilize PPE.

120.07 HEPATITIS B VACCINATION INFORMATION

- A. Employees who have a reasonably anticipated occupational exposure to HBV shall be offered the opportunity to receive the HBV vaccination series, and any boosters as recommended by law. Receiving the hepatitis B series is not mandatory, nor is it a bona fide occupational qualification.
- B. The HBV vaccination series shall be offered to all employees within 10 days of initial assignment, unless the employee has previously received the complete HBV series. Antibody testing may be performed to determine if the employee is immune to HBV, or that the vaccine is contraindicated for medical reasons. Such additional testing shall be the decision of a medical professional.
- C. An employee may decline to receive the HBV series initially, and later change his/her mind and receive the series at any time the employee performs duties where there is a reasonably anticipated occupational exposure to HBV.



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120.08 ATTACHMENTS

ATTACHMENT A: POST EXPOSURE REPORTING FORM AND MANAGEMENT
PACKET

ATTACHMENT A

Post Exposure Reporting Form and Management Packet

This worksheet is designed to be completed by the Designated Officer (DO) in cooperation with the exposed employee, the receiving medical facility and the designated physician. This form serves as the Exposure Report Form in addition to the signed explanation of the exposure incident completed by the exposed employee. This worksheet and all attached reports and documentation will be considered part of the employee's health records and will be kept for at least the duration of employment plus thirty years in accordance with the OSHA standard, 1910.1030 and 1910.1020.

DO Notified: Date: _____ Time: _____

Incident reported by: _____

On Call Risk Manager Notified: (575-528-3661) Date: _____ Time: _____

Preceptor/Instructor/Supervisor notified: Yes No N/A Date: _____ Time: _____
(Applicable if a student or observer was involve. Check for Hold Harmless document on file.)

EMPLOYEE INFORMATION/RESPONSIBILITIES

Employee Name/SSN: _____ Phone: (____) _____

Exposure Date: _____ Time: _____ Location: _____

Employee paperwork required by the City of Las Cruces. Employee must provide to the City/DO:

1. A written, signed explanation of how the exposure event occurred; must be submitted to the **DO only** within 24 hours of the incident.
(Use the form on page 105 of the Exposure Control Plan or attach a typewritten explanation. Ensure that the statement is signed by the employee.)
2. Notice of Accident Form NOA-1 (3/07) must be provided to Risk Management as soon as possible (or the next business day after the exposure incident). Must be submitted via the proper chain of command for all work-related injury, illness and property damage. Once signed, forward this document to the DO for submission to Risk Management. *On the "What happened?" line, write in "exposure" only.*
3. City of Las Cruces "Report of On the Job Injury, Illness or Property Damage" completed per instructions below. Must be submitted via the proper chain of

command for all work-related injury, illness and property damage. Once signed, forward this document to the DO for submission to Risk Management.

- *Part 1: Complete all General Information requested; where it says "Place injury/illness... occurred" write "Exposure – Documentation submitted to Designated Officer (DO) and identify the DO.*
- *Part 2: Complete if appropriate.*
- *Part 3: Complete as appropriate; medical attention refers to first aid or medical treatment received as a direct result of the exposure. It does not refer to post exposure follow up or treatment. See definitions next page.*
- *Part 4: Write "Not applicable" as it will be in most cases.*
- *Part 5: Write "Separate statement submitted to DO."*
- *Part 6: Write "Refer to DO Documentation."*
- *Part 7: Write "Refer to DO Documentation."*
- *Part 8: Employee signature/date required. This form along with the NOA will be forwarded up the proper chain of command for reports of on the job injury, illness or property damage.*

EXPOSURE INFORMATION

(Body Fluids That Fall Under "Other Potentially Infectious Materials" (OPIM): cerebrospinal fluid, synovial fluid, amniotic fluid, pericardial fluid, vaginal secretions (sexual contact), semen (sexual contact), ANY BODY FLUID CONTAINING GROSS VISIBLE BLOOD.)

Blood borne Airborne/Droplet

Exposed to: Blood Bloody Fluid Other

- Contaminated needle stick injury
- Blood/OPIM direct contact with surface off the eye, nose or mouth
- Blood/OPIM direct contact with open area of the skin
- Cuts with sharp object covered with blood/OPIM
- Human bite/blood drawn

Area Exposed:

Hands Face Eyes Nose Mouth Other _____

Tasks being performed:

PPE used: Yes No Type: _____

Needle safe device used: Yes No N/A

First aid performed: Yes No N/A

(Per page 94 of the Exposure Control Plan: Antiseptic at first visit? Application of bandages? Use of non-prescription medications? Single dose of prescription medication? Administration of tetanus shot or booster? Lab test/x-ray that shows no injury or infection?)

Was medical treatment provided: Yes No

(Per page 94 of the Exposure Control Plan: Treatment of infection? Application of antiseptic at 2nd and 3rd visits? Administration of Hep B vaccine? Lab test/x-ray that shows injury or infection?)

Employee's immunization status checked: Yes No

(Immunization records to be kept by the department and shall be accessible.)

Immunization status: _____

Post-exposure protocols consulted/reviewed: Yes No

(Attach applicable post-exposure protocol(s) found on pages 108 to 114 of the Exposure Control Plan.)

DO Investigation Completed: Date: _____ Time: _____

DO Investigation Disposition: _____

Attach memo to Risk Management which includes

- The DO's final disposition of the exposure;*
- What if any follow up treatment employee was referred to (i.e. designated physician for follow up and baseline testing, medical treatment, etc.) and any other pertinent information .*
- A summary of the incident that resulted from DO's investigation and include any factors or conditions that contributed to the incident and what corrective actions should or will be implemented to ensure this does not reoccur (per the Report of On the Job Injury, Illness or Property Damage Parts 6 and 7).*

SOURCE PATIENT TESTING

(Finalization of this process with the medical facilities is in progress as of 8/23/2012)

MMC ER: 575.521.2286

ER Director Lee Golden Mobile:575.649.8012

575.556.6801

Dir. Infection Control Tywla Anderson: 575.521.2240

Rodney Valdez: 575.556.6894

Mt. View ER: 575.556.6800

ER Director Melinda Day:

Infection Preventionist

Applicable Non-Applicable

(Source patient blood draw by the receiving medical facility to include HIV rapid test (results available within 100 minutes), HCV rapid test and Hep B; results available the

following day. Specific tests to be used by the medical facility still in process of finalization.)

Source Patient Information:

Name: _____ DOB _____ Age: _____ Gender _____

Patient was transported to _____ at approximately (time): _____
(receiving medical facility)

Patient #: _____ *(If used for anonymity/billing purposes.)*

DO contacted receiving medical facility to request testing/delivered written request/information: Yes No *(Use attached request form provided by medical facility-still in process of finalization.)*

Date: _____ Time: _____

To whom was the request made? _____

Source patient blood drawn? Yes No
(HIV Rapid Test, HBV, HCV Rapid Test – Type of testing still undetermined)

Medical facility liaison notified DO regarding test results: Yes No

Name of person who notified DO: _____
(Receiving medical facility will carry out exposure notification/management as soon as possible but within 48 hours as required in the Ryan White Law Public Law, SB 1793, Part G).

Test Results: _____
(Attach all received documentation.)

Date: _____ Time: _____

FINAL EXPOSURE DISPOSITION

(The designated physician will make the final exposure determination. Applicable post exposure protocols located on pages 108 to 114 of the Exposure Control Plan will be consulted and attached.)

Designated Physician responsible for final exposure disposition and follow up treatment and counseling:

Dr. Benito Gallardo
2525 South Telshor
Building 16, Suite 108
Las Cruces, NM 88001
Office: 575-521-1919

Documentation provided to designated physician to aid in the final exposure determination: Yes No
(Documentation shall include route and circumstances of exposure.)

Documentation provided to: _____

Date: _____ Time: _____

Designated physician final exposure disposition: *(Attach any notes/reports; if there is disagreement with final determination, public health officer shall be contacted.)*

- exposure management/treatment **indicated**
- exposure management/treatment **NOT indicated**

Designated physician will:

- Provide a Summary of the Written Opinion to the DO within 15 days. Date received: _____
- Provide additional Summary of Written Opinion **DIRECTLY TO EMPLOYEE** if the exposure results in an order for post exposure prophylaxis for HIV within 15 days.
- Applicable Non-Applicable Date received: _____

POST EXPOSURE FOLLOW UP

Notification

DO reviews the source patient test results with employee: Yes No
(Employee must be informed of the evaluation results within 48 hours per Ryan White Law.)

Date: _____ Time: _____

Employee advised to hold the source patient test results/disease status
CONFIDENTIAL.

Employee Acknowledgment: _____ **Date:** _____
(Exposed employee signature)

Employee requiring medical follow up for post-exposure medical evaluation, baseline testing, treatment and counseling are referred to the designated treating

physician, **Dr. Benito Gallardo** *(All relevant medical information will be furnished the designated physician.)*

If employee insists on treatment when non-exposure has been ruled, the designated physician will contact the DO.

Applicable Non-Applicable

Notified: Date: _____ Time: _____

Treatment

Designated physician above is responsible for final exposure disposition and follow up treatment and counseling:

Exposed employee declined recommended post exposure medical treatment:

Yes No

Signed declination form

(If applicable, attach executed declination form found in the Exposure Control Plan, page 106.)

Applicable Non-Applicable

Physician Counseling Documentation Form completed by designated physician.
(Attach Physician Counseling Documentation Form found in the Exposure Control Plan, page 107.)

Completed Date: _____

All medical records for treatment will be maintained with the designated physician who provided follow up treatment.

OTHER REQUIRED DOCUMENTATION

Sharps Injury Log

(All contaminated sharps injuries must be recorded. Non-sharps related exposures are not recorded in this log. This log is maintained with the fire/ police DO and may be electronic or paper in accordance with page 95 of the Exposure Control Plan.)

Applicable Non-Applicable

Completed by: _____ Date: _____
(DO)

OSHA 300 Reports *(This log records all CLC sharps injuries that meet the parameters below; this log is maintained at CLC Risk Management.)*

OSHA 300 Log required if sharps injury:

- Causes a death
- Causes an illness
- Involves injury that requires medical treatment beyond first aid even if treatment is offered and refused
- Results in exposure
- Not applicable

Completed by: _____ Date: _____
(DO)

FINANCIAL CHECKLIST

Source patient testing billed to CLC Risk Management and not to source patient or exposed employee.

Final cost of source patient testing:

\$ _____.

Exposed employee testing and treatment billed to CLC Risk Management/Las Cruces Fire Department.

Final cost of employee testing, treatment and counseling:

\$ _____.

This document is filed in the employee's health record maintained at the fire or police department.

Completed by:

Date: _____

DO Signature

Paper Trail Checklist: (the initial reporting forms)

- Original signed description of the incident from the exposed employee goes to Risk Management from DO asap
- Original NOA to goes to Risk Management from DO asap/next business day
 - (employee gets yellow copy)
- Original CLC Report of On the Job Injury goes to Risk Management from DO asap/next business day
- Original memo documenting DO Investigation Disposition goes to Risk Management
 - (employee gets a copy of memo)

These original documents will be scanned by Risk Management and returned to the DO for filing in employee's health records. Any additional documentation received by the DO (declination forms, Physician's Counseling Documentation Form, etc. will be submitted to Risk for review in case they are needed by Risk Management or the

Third Party Administrator for the Worker's Comp. claim, but will be filed with the employee's health record.

IMMEDIATE NEEDS POST EXPOSURE:

1. IF THE EXPOSURE IS A SHARPS INJURY:

- A. LET THE AREA BLEED FREELY**
- B. WASH THE AREA WITH SOAP AND WATER
OR THE WATERLESS HANDWASH
SOLUTION**
- C. NOTIFY THE DESIGNATED OFFICER**

2. IF THE EXPOSURE WAS A SPLASH TO THE EYE, NOSE OR MOUTH:

- A. FLUSH THE AREA FOR 10 MINUTES WITH
WATER**
- B. NOTIFY THE DESIGNATED OFFICER**