


# MONROE COUNTY SHERIFF'S OFFICE

## General Order

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| <b>CHAPTER:</b><br>100   |                         | <b>TITLE:</b><br>Infectious Disease Control |  |
| <b>EFFECTIVE DATE:</b><br>June 24, 2010  | <b>NO. PAGES:</b><br>16 | <b>REVIEWED/REVISED:</b><br>March 18, 2015  |  |
| <b>REFERENCE:</b><br>CFA 29.01   |                         | <b>RESCINDS:</b>                            |  |
| <br><b>Sheriff of Monroe County</b> |                         |   |  |

- I. **PURPOSE:** The purpose of this directive is to establish guidelines for infectious diseases. Further, the purpose of this policy is to provide officers with the necessary information to increase their safety on the job. This policy was written in accordance with the universal precautions for preventing the spread of infectious disease in the work place developed by the National Center for Disease Control. The procedures and guidelines in this policy shall be followed when handling any potentially infectious material.
- II. **DISCUSSION:** It is the policy of the Monroe County Sheriff's Office to provide training and equipment as necessary to ensure the safety of its members as it pertains to the prevention of exposure to infectious diseases while working in all areas of the office. The Monroe County Sheriff's Office and its members shall adhere to all federal and state laws and local ordinances, legal opinions and regulations pertaining to infectious diseases. This directive shall apply to all Monroe County Sheriff's Office members.
- III. **DEFINITIONS:**
  - A. Blood: human blood, human blood components and products made from human blood.
  - B. 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).
  - C. Clinic Laboratory: a medical workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
  - D. Contaminated: the presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item, person or surface.
  - E. Contaminated Laundry: laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
  - F. 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.
  - G. Decontamination: the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item rendering the surface or item safe for handling, use or disposal.

- H. Director: the Director of the National Institute for Occupational Safety and health, U.S. Department of health and Human Services or designated representative.
- I. Engineering Controls: controls that isolate or remove the infectious hazard from the work place (i.e., sharps disposal containers, one-way valve masks for CPR, containers for the securing of syringes, etc.).
- J. Exposure Incident: a specific contact with blood or other potentially infectious material that occurred during the normal performance of a member's duties (to the eye, mouth, any mucous membrane, non-intact skin, etc.).
- K. Hand Washing Facilities: a facility providing an adequate supply of running potable water, liquid soap and single use towels or hot air drying machines.
- L. Licensed Healthcare Professional: a person whose legally permitted scope of practice allows him or her to independently perform the activities related to Hepatitis B Vaccination and post-exposure evaluation and follow-up.
- M. HBV: hepatitis B virus.
- N. HIV: human immunodeficiency virus.
- O. Occupational Exposure: reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of a member's duties.
- P. Other Potentially Infectious Materials:
  - 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 unfixed tissue or other (other than intact skin) from a human (living or dead).
  - 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.
- Q. Parenteral: piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- R. Personal Protective Equipment: specialized clothing or equipment worn by a member for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses, etc.) not intended to function as protection against a hazard, are not considered to be personal protective equipment.
- S. Production Facility: a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
- T. Regulated Waste: liquid or semi-liquid blood or other potentially infectious material 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.

- U. Research Laboratory: laboratory producing or using research laboratory scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
- V. Source Individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to a member. Examples include, but are not limited to, prisoners, inmates in correctional facilities, 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.
- W. Sterilize: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- X. 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 bloodborne pathogens.
- Y. Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e., prohibiting recapping of needles by a two-handed technique).

#### **IV. POLICY AND PROCEDURES**

##### **A. Policy Statement**

1. In recognition of the special hazards associated with risk of exposure to, and transmission of, bloodborne pathogens, including but not limited to, HIV (human immunodeficiency virus) and HBV (hepatitis B virus), the following special policies and procedures are adopted for all work entailing such risk by any member of the Monroe County Sheriff's Office.
2. For the purposes of this policy, the following classes of members shall be considered as performing tasks entailing reasonably anticipated exposure to blood or other potentially infectious material: [CFA 29.01 A]
  - a. Sworn Sheriff Deputies
  - b. Sworn Detention Deputies
  - c. Crime Laboratory Members
  - d. Evidence and Property Members
  - e. Medical Staff Members
  - f. Identification Technicians
  - g. Programs Assistants: Property Clerks/Mail Clerks/Commissary
  - h. Helicopter Emergency Medical Services (HEMS) personnel
  - i. Farm Specialist
  - j. Maintenance
  - k. Jail Records Assistants

- B. Infection Control Representative(s): An Infection Control Representative will be designated as responsible for the implementation of these policies and procedures. For the purpose of this policy, the commander of the Bureau of Administration or his/her designee will be designated as the responsible party for implementation of this policy.
- C. Exposure Control Plan: In conjunction with use of these policies and procedures, an exposure control plan will be implemented to minimize or eliminate exposure to bloodborne pathogens. In this regard, area supervisors are encouraged to develop area specific control plans, which can be incorporated into this policy as addendums.
- D. Universal Precautions: ALL blood and body fluids will be treated as infectious. Universal precautions will be used in all non-emergency work activities with any potential for exposure to blood or other body fluids.
- E. Engineering and Work Practice Controls
  - 1. Engineering and work practice controls shall be used to eliminate or minimize member exposure. Where occupational exposure remains after implementation of these controls, personal protective equipment shall be used. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
  - 2. Hand Washing
    - a. Hand-washing facilities which are readily accessible to members shall be provided. When hand-washing facilities are not readily available, either an appropriate antiseptic hand cleanser in conjunction with clean cloth or paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with liquid soap and running water as soon as possible.
    - b. Members shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment. Members shall wash their hands and any other skin with liquid soap and water or flush mucous membranes with water immediately or as soon as possible following contact of such body areas with blood or other potentially infectious materials.
  - 3. Handling of Sharps
    - a. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited. Contaminated needles and other contaminated sharps shall not be recapped or removed unless no alternative is feasible or such action is required by a specific medical procedure which must be documented and approved by an Exposure Control Coordinator prior to the use of such procedures. Recapping or needle removal or collection of sharps shall be accomplished by a mechanical device or one-handed technique; no shearing or breaking of contaminated needles will be performed.
    - b. Contaminated reusable sharps shall be placed in appropriate containers (puncture resistant, leak-proof on sides and bottom, Bio-Hazard labeled) and SHALL NOT be stored or processed in a manner that requires members to reach by hand into the containers where these sharps have been placed. [CFA 29.01 D]
  - 4. Personal Habits and Food and Drink
    - a. Eating, drinking, smoking, application of cosmetics or lip balm, and handling contact lenses are prohibited in work areas with reasonable likelihood of occupational exposure

to bloodborne pathogens.

- b. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
- c. All members will ensure that all cuts, abrasions, scratches or breaks in the skin are properly covered or bandaged before the start of work, and throughout the entire work day.

#### 5. Specific Work Practices

- a. 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. Mouth pipetting of blood or other potentially infectious materials is prohibited. No objects should be placed in the mouth. The nose, mouth, and eyes should not be touched during, or after contact with, any individual until proper hand washing procedures have been followed. Special care and precautions shall be taken any time a member may have open cuts or sores or dermatitis that may compromise the barrier protection provided by skin. 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.
- b. The minimum number of members required shall be involved with any procedure entailing exposure to bloodborne pathogens and exposure time should be minimized.

#### 6. Storage and Transport of Blood or Other Infectious Body Fluids

- a. The container for storage, transport or shipping (including freezers and refrigerators used for storage of blood or other potentially infectious materials) shall be Bio-Hazard labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels (EXCEPT for 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) and closed prior to being stored, transported or shipped.
- b. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport or shipping. This second container must be labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as possible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels.
- c. 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.

#### 7. Biohazardous Evidence

- a. Members will impound blood or body fluid stained property only in sufficient material quantities as may be needed for trial evidence; otherwise this type of property should be released to a responsible party at the scene.
- b. All aspirates and miscellaneous body fluids will be submitted directly to the Property

Division.

- 1) Liquid samples will be submitted in glass tubes.
  - 2) Each glass tube will be enclosed in a crushproof container.
  - 3) All samples from a single case will be sealed in an evidence bag.
  - 4) Biohazardous labels will be affixed to both sides of the evidence bag. The top two copies of the property receipt will have a biohazardous label attached.
  - 5) All evidence that may have been exposed to blood or a body fluid shall be turned over to the crime scene member who will remove the evidence to a secure area to dry the item if possible. If no such area is available, the crime scene member will transport the evidence to the Property Division, so that the item may be properly dried.
  - 6) Currency and other valuables contaminated by blood or other biological fluids will be counted / inventoried while wearing rubber / latex gloves and other appropriate protection. The contaminated items will be sealed in a paper bag and transported by the crime scene member to the Property Division.
8. Equipment Contaminated by Blood or Other Infectious Body Fluids: Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless decontamination is not possible. If decontamination is not possible, an Infection Control Representative will document the reasons for not decontaminating the equipment. The equipment that was not decontaminated shall be labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive, or other method preventing loss or unintentional removal or in red bags substituted for labels. In addition, the designated Exposure Control Coordinator shall ensure that this information is conveyed to all affected members, the servicing representative, the manufacturer, and others who may need to know prior to handling, servicing or shipping the contaminated equipment so that appropriate precautions shall be taken.
9. Personal Protective Equipment [CFA 29.01 B]
- a. All members performing tasks entailing reasonable anticipated exposure to blood or other potentially infectious materials will be provided, and are required to use, appropriate personal protective equipment, 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. Such equipment shall be repaired or replaced as needed to maintain its effectiveness at no cost to the member. Personal protection equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the member'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. Under rare and extraordinary circumstances when it is in the member's professional judgment that the use of protective clothing and equipment 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, the member shall document these circumstances and inform a designated Exposure Control Coordinator. The Exposure

Control Coordinator shall investigate the circumstances and determine whether changes can be instituted to prevent such occurrences in the future. The Exposure Control Coordinator shall document all such occurrences.

- c. Appropriate personal protective equipment in the appropriate sizes shall be readily accessible at the worksite or issued to members. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives shall be readily accessible to those members who are allergic to the glove normally provided.
  - d. Any garment penetrated by blood or other potentially infectious materials, shall be removed immediately or as soon as possible. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
  - e. Gloves shall be worn when it can be reasonably anticipated that the member may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin and when performing vascular access procedures.
  - f. Disposable (single use) gloves, such as surgical or examination gloves and utility 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 and shall not be washed or decontaminated for re-use.
  - g. 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.
  - h. Protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in situations with reasonably anticipated exposure to blood or other potentially infectious materials. The type and characteristics will depend upon the task and degree of exposure anticipated.
  - i. Members who are reasonably anticipated to be exposed to, or may have clothing exposed, will maintain a spare uniform. This will minimize personal risk and down time for decontamination. This change of clothing will be readily accessible, but not at risk for exposure.
10. Cleaning and Disinfection [CFA 29.01 C]
- a. The worksite shall be maintained in a clean and sanitary condition.
  - b. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
  - c. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately or as soon as possible 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 been 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 possible 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 re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated according to the cleaning schedule. These items shall be decontaminated immediately or as soon as possible when they have been contaminated.
- 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 dustpan, tongs or forceps.
- g. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires members to reach by hand into the containers where these sharps have been placed. [CFA 29.01 D]
- h. Contaminated sharps shall be discarded immediately or as soon as possible in containers that are closable, puncture resistant, leak-proof on sides and bottom and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels.
- i. During use, containers for contaminated sharps shall be easily accessible to members and location as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found, maintained upright throughout use, and replaced routinely and not be allowed to overfill.
- j. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to their removal or their replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping and 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 orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels.
- k. Reusable containers shall not be opened, emptied or cleaned manually or in any other manner which would expose members to the risk of percutaneous injury.

#### 11. Medical Waste

- a. Medical waste shall be considered any liquid or semi-liquid blood or other potentially infectious materials, dried blood or other potentially infectious materials in any form. This includes any items which may have such materials on them in any form with the exception of reusable equipment, instruments or personal protective clothing and equipment which undergoes property decontamination procedures.
- b. Medical 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, and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- c. If outside contamination of such containers 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, and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels. This container shall be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

- d. Disposal of all sharps and medical waste shall be in accordance with applicable regulations of the United States, this state, and local ordinances.

## 12. Laundry Practices [CFA 29.01 E]

- a. Contaminated laundry shall be handled as little as possible with a minimum of agitation and shall be bagged or placed in a container at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels. Universal precautions shall be used in the handling of all soiled laundry.
- b. 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 or leakage of fluids to the exterior.
- c. All members who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.
- d. Laundry shipped off-site shall be placed in containers which are labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels.

## F. Hepatitis B Vaccination

1. Hepatitis B vaccine and vaccination series shall be made available to all members with reasonably anticipated exposure to blood or other potentially infectious materials. The vaccination series will be offered by the Human Resources Division via the Office's notification of physical program or during the orientation phase for all new hires or transfers at no cost to the member, at a reasonable time and place, and performed by or under the care of a licensed physician or under the supervision of another licensed healthcare professional. These shall be provided according to recommendations of the U.S. Public health service current at the time these evaluations and procedures take place. All laboratory tests are conducted by an accredited laboratory at no cost to the member.
2. The Training and Human Resources Division will work together to ensure that the Hepatitis B vaccination shall be made available after the member has received the Bloodborne pathogens Education Program, and within 10 working days of initial assignment to duties with reasonably anticipated exposure to blood or other potentially infectious materials, unless the member has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the member is immune or the vaccine is contraindicated for medical reasons. Pre-screening is available to, but not required of, such members and is provided at no cost. If members initially declining the Hepatitis B vaccination, but at a later date decide to accept the vaccination, the Hepatitis B vaccination shall be made available according to the

provision of this policy at that time.

3. All members who decline to accept Hepatitis B vaccination offered by the Monroe County Sheriff's Office, shall sign the Hepatitis B Vaccination Refusal Form.
4. Routine booster dose(s) of Hepatitis B vaccine, as recommended by the U.S. Public Health Service, shall be made available to members who have reasonably anticipated exposure to blood or other potentially infectious materials. These booster dose(s) shall be provided at no cost to the members. The booster dose(s) shall be made available to the member at a reasonable time and place, and performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.

G. Post-Exposure Evaluation and Follow-Up [CFA 29.01 F]

1. After an exposure incident, a confidential medical evaluation and follow-up shall be made immediately available through the Risk Manager under Worker's Compensation to the exposed member including:
  - a. Notice of injury form, supervisor's report, and offense report and/or supporting documents.
  - b. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
  - c. Identification and documentation of the source individual (unless it can be established that identification is in-feasible or prohibited by state or local law).
2. All medical evaluations and procedures performed as part of post-exposure evaluation and follow-up, including prophylaxis, are made available to the member by a Worker's Compensation provider.
3. A copy of the evaluating healthcare professional's written opinion shall be obtained and provided to the member upon the completion of the evaluation. The approved Worker's Compensation healthcare provider will determine the course of treatment for the exposed member, and will maintain the appropriate records of such in their medical files.
4. Based upon the recommendation of the healthcare professional providing the post-exposure evaluation, the source individual's blood shall be tested if deemed appropriate as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If the subject's consent is NOT obtained, a petition to the courts shall take place if deemed appropriate.

H. Bio-Hazard Labeling [CFA 29.01 G]

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, except that red bags or red containers may be substituted for labels. 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 these labeling requirements. 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.
2. Labels shall include the following legend and shall be fluorescent orange or orange-red or predominantly so, with letter or symbol in a contrasting color. Labels are required to be

affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal. Such labels are required for contaminated equipment and shall also state which portion of the equipment remains contaminated.



I. Education and Training

1. All members with reasonably anticipated exposure to blood or other potentially infectious materials shall participate in the Division of Training's Bloodborne Pathogens Education Program at no cost to the member and during working hours. This shall occur at the time of initial assignment to tasks where occupational exposure may take place and at least every three years thereafter.
2. Additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the member's occupational exposure shall be provided which may be limited to addressing the new exposures created.

J. Member's Responsibilities

1. In addition to specific responsibilities outlined above, members performing tasks with reasonably anticipated exposure to blood or other potentially infectious materials are required to inform a designated Exposure Control Coordinator if proper protective clothing and equipment is unavailable or appears inadequate to provide appropriate protection from such exposure. Members are required to report to a designated Exposure Control Coordinator any incidents or observations suggesting inadequate use of personal protective clothing and equipment or other control measure by any member.
2. Members are **REQUIRED** to follow the requirements of these policies and procedures, including all work practice requirements. The use of universal precautions and the use of specific engineering control and protective equipment outlined is **MANDATORY**.
3. Members that do not follow these requirements are subject to disciplinary action, up to, and including discharge.

K. Exposure Threat to Bloodborne Pathogens

1. Level I
  - a. No exposure to bloodborne pathogens.
  - b. No personal protective equipment is necessary.
2. Level II: Limited exposure short period of time (zero to five minutes) to a small amount of a bloodborne pathogen (less than 3 ml).
  - a. Latex gloves necessary.
  - b. Safety glasses with safety slide shields necessary.

3. Level III: Exposure for brief period of time (five minutes to 30 minutes) to relatively small amounts (more than one pint) of blood and or body fluids both liquid and dried.
  - a. Double latex gloves necessary.
  - b. Full face shield necessary.
  - c. Face mask necessary.
  - d. Full long sleeve jumpsuit / disposable full body coverall necessary.
  - e. Disposable boot / foot covers necessary.
  - f. Disposable head covering necessary.
  
- L. Contaminated Uniforms: From this date forward officers who determine that their uniform and/or civilian attire has been contaminated as a result of coming into contact with bloodborne pathogens will do the following: [CFA 29.01 E]
  1. Remove the contaminated uniform and/or civilian attire items(s) carefully to avoid additional contact with the contaminating material.
  2. The contaminated uniform and/or civilian attire item(s) is to be placed in one of the office's supplied biohazardous material bags and sealed.
  3. The RED DISPOSAL BAG is then either given to the on-scene EMS personnel or delivered to one of the following Public Safety Departments:
    - a. Big Coppitt Fire & EMS Station  
28 Emerald Drive  
Big Coppitt Key, Florida
    - b. Stock Island Fire & EMS Station  
6180 2nd Street  
Key West, Florida
    - c. Cudjoe Sheriff's Substation  
20950 Overseas Highway  
Cudjoe Key, Florida
    - d. Big Pine Fire & EMS Station  
Key Deer Blvd.  
Big Pine Key, Florida
    - e. Conch Key Fire & EMS Station  
South Conch Key Avenue  
Conch Key, Florida
    - f. Tavernier Fire & EMS Station  
151 Marine Avenue  
Tavernier, Florida
  4. Village of Islamorada sworn Law Enforcement Deputies will take any contaminated PPE and place within a RED DISPOSAL BAG and deliver it to:

Islamorada EMS Station  
8150 Overseas Hwy.  
Islamorada, Florida

5. City of Marathon sworn Law Enforcement Deputies will take any contaminated PPE and place within a RED DISPOSAL BAG and deliver it to:

Marathon Fire & EMS Station  
8900 Overseas Hwy.  
Marathon, Florida

6. Ocean Reef sworn Law Enforcement Deputies will take any contaminated PPE and place within a RED DISPOSAL BAG and deliver to:

Ocean Reef Public Safety  
110 Anchor Drive  
Key Largo, Florida

M. Annual Review [CFA 29.01 H]

1. The Exposure Control Coordinator is required to conduct an annual review of the exposure control plan with consideration for updating procedures designed to eliminate or minimize occupational exposure.
2. The annual review will be forwarded to the Undersheriff for review and assignment for implementation of changes as necessary.
3. A copy will be sent to Professional Standards.

**FORMS**

**PROGRAM MANAGEMENT:  
Exposure Control Coordinator(s)**

FORM 3A

Exposure Control Coordinator(s)

The following individual(s) has (have) been designated as Exposure Control Coordinator(s) to be responsible for the implementation and management of the Infection Control Program.

| NAME         | DATE  |
|--------------|-------|
| Risk Manager |       |
| _____        | _____ |
| _____        | _____ |
| _____        | _____ |
| _____        | _____ |
| _____        | _____ |
| _____        | _____ |
| _____        | _____ |
| _____        | _____ |
| _____        | _____ |
| _____        | _____ |

**HEPATITIS B VACCINATION**

FORM 8A

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HBV Antibody Testing Results (Circle One):

**NOT TESTED**

**NOT IMMUNE**

**IMMUNE**

I understand that the vaccine should not be given to anyone that is immunocompromised, allergic to yeast or any other component of the vaccine or to pregnant women or nursing mothers unless clearly necessary. Relative contraindications include any serious active infection, severely compromised cardiopulmonary function or any person to whom a febrile or systemic reaction could cause a serious health risk. I certify that to the best of my knowledge, I do not have any of the above listed conditions, have been informed of the potential risks and benefits of the HBV vaccination, and request to receive the vaccination.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**HBV Vaccination Schedule**

|             | Planned        | Administered   | Received by (Signature) |                |
|-------------|----------------|----------------|-------------------------|----------------|
| First Dose  | ____/____/____ | ____/____/____ | ____/____/____          | ____/____/____ |
| Second Dose | ____/____/____ | ____/____/____ | ____/____/____          | ____/____/____ |
| Third Dose  | ____/____/____ | ____/____/____ | ____/____/____          | ____/____/____ |

**Detach and give to member for reminder if desired**

Name: \_\_\_\_\_

Your Hepatitis B Vaccination schedule is:

|       |                      |                      |                      |
|-------|----------------------|----------------------|----------------------|
|       | 1 <sup>st</sup> Dose | 2 <sup>nd</sup> Dose | 3 <sup>rd</sup> Dose |
| Date: | ____/____/____       | ____/____/____       | ____/____/____       |

**HEPATITIS B VACCINATION REFUSAL**

FORM 8B

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

THE FOLLOWING **MUST** BE SIGNED BY THE MEMBER IF HEPATITIS B VACCINATION IS REFUSED.

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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date