"Keep Orlando a safe city by reducing crime and maintaining livable neighborhoods."

ORLANDO POLICE DEPARTMENT POLICY AND PROCEDURE

1301.11, SIGNIFICANT EXPOSURE AND CONTROL PLAN

EFFECTIVE:	7/20/2021
RESCINDS:	1301.10
DISTRIBUTION:	ALL EMPLOYEES
REVIEW RESPONSIBILITY:	EXPOSURE CONTROL OFFICER
ACCREDITATION STANDARDS:	CHAPTER 29
CHIEF OF POLICE:	ORLANDO ROLÓN

CONTENTS:

1. DEFINITIONS
2. SCOPE OF THE EXPOSURE CONTROL PLAN
3. PROGRAM ADMINISTRATION
4. EMPLOYEE EXPOSURE DETERMINATION
5. POST-EXPOSURE EVALUATION, TESTING, AND FOLLOW-UP FOR BIOLOGICAL AND CHEMICAL EXPOSURES
6. DANGERS OF FENTANYL
7. HANDLING/FIELD TESTING OF NARCOTICS
8. METHODS OF IMPLEMENTATION AND CONTROL
9. HEPATITIS B VACCINATION
10. TRAINING
11. RECORD KEEPING

POLICY:

The Orlando Police Department is committed to providing a safe and healthful work environment for the entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to blood-borne pathogens.

PROCEDURES:

1. DEFINITIONS

The following list of terms is accepted as the industry standard for blood-borne pathogens and is incorporated as part of the Federal Register.

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

Blood-borne 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), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

Contaminated: The presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

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.

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy blood-borne 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: Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the blood-borne pathogens hazard from the workplace.

Exposure Incident: 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.

Fentanyl: A synthetic, short acting narcotic analgesic and sedative, used pharmacologically in anesthesia and neuroleptanalgesia, and also as an illicit drug. Drug dealers are lacing heroin and other drugs with fentanyl.

Hand Washing Facility: A facility providing an adequate supply of running potable water, soap, and single-use towels or hot air drying machines.

HBV: Hepatitis B Virus.

HCV: Hepatitis C Virus.

HIV: Human Immunodeficiency Virus.

Licensed Healthcare Professional: A person whose legally permitted scope of practice allows him or her to independently perform the activities referred to by OSHA.

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 an employee's duties.

Occupational Health Provider: The current provider for the City of Orlando is Advent Health Centra Care. The contact number for all occupational services is 407.200.5490.

Other Potentially Infectious Materials (OPIM)

a. 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;
b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
c. 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.
d. Synthetic opiods- to include fentanyl and fentanyl analogs

Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Post Exposure Nurse (PEN): A mobile nurse specially trained in providing initial treatment for blood, body and fluid exposure and working under the auspices and supervision of the Medical Director of the Centra Care Clinics.
Personal Protective Equipment: 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: 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 of 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.

Significant Exposure: Fla. Stat. Section 381.004(1)(f)

a. Exposure of mucous membranes to visible blood or body fluids, or
b. Exposure through needle sticks, sharps, or instruments, or
c. Exposure of skin to visible blood or body fluids, especially where the skin is chapped, abraded, or afflicted with dermatitis (skin sores, rashes, etc.), or the contact is prolonged or involving an extensive area.

Source Individual: 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: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Synthetic Opioids: Synthetic opioids are narcotic analgesic drugs that are manufactured in chemical laboratories with a similar chemical structure to natural opiate drugs. These substances can be legally prescribed by doctors to treat patients with mild to severe pain issues. They have many of the same qualities as opiates, despite being manmade.

Universal Precautions: 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, HCV and other blood-borne pathogens.

Work Practice Controls: 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).

2. SCOPE OF THE EXPOSURE CONTROL PLAN

The Exposure Control Plan is a key document to assist this Department in implementing and ensuring compliance with the standard, thereby protecting our employees. The ECP includes:

a. Determination of employee exposure
b. Implementation of various methods of exposure control, including:
    1) Universal precautions
    2) Engineering and work practice controls
    3) Personal protective equipment
    4) Housekeeping
    5) Hepatitis B vaccination
    6) Post-exposure evaluation and follow-up
c. Communication of hazards to employees and training
d. Record keeping
e. Procedures for evaluating circumstances surrounding an exposure incident

3. PROGRAM ADMINISTRATION

The Administrative Services Bureau commander shall be responsible for the implementation of the ECP and shall designate, in writing, a manager who will serve as the Department's Exposure Control Officer.

3.1 EXPOSURE CONTROL OFFICER RESPONSIBILITIES

The Exposure Control Officer shall maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure. The Exposure Control Officer shall also ensure that the written ECP is available to employees, OSHA, and NIOSH representatives.

3.2 EMPLOYEE RESPONSIBILITIES

All employees are responsible to properly report any contamination of facilities, vehicles, or equipment and to take all necessary steps to minimize the hazard to themselves and others. Employees are also responsible for properly cleaning minor contamination of equipment or vehicles as prescribed in Section 8 of this plan.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

3.3 QUARTERMASTER UNIT RESPONSIBILITIES

The Quartermaster Unit will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, red bags, and cleaning materials as required by the standard. The Quartermaster Unit will also ensure that adequate quantities of these items are available in the appropriate sizes.

The Quartermaster Unit will also be responsible for maintaining an Exposure Control Log and notifying the Exposure Control Officer and Facilities Maintenance as required. The Quartermaster Unit will also maintain a list of phone numbers and pager numbers to contact cleaning services responsible for off-site OPD facilities.

3.4 SUPERVISORS' AND MANAGERS' RESPONSIBILITIES

All Department supervisors and managers shall be responsible for ensuring that all medical actions required are performed and that appropriate employee health records are maintained. Supervisors are also required to ensure that all proper follow-up actions are completed in the event that one of their subordinates is involved in a significant exposure incident.

3.5 ACCREDITATION/INSPECTIONS AND TRAINING SECTION RESPONSIBILITIES

The Accreditation/Inspections and Training Section shall be responsible to:

a. Ensure that training is provided as required.
b. Appoint properly qualified personnel to serve as trainers.
c. Maintain all necessary documentation of training.

The Accreditation/Inspections and Training Section commander may designate a member of the Training staff to serve as the coordinator for biohazard training and record keeping.

3.6 EXPOSURE CONTROL COMMITTEE

An Exposure Control Committee, consisting of the Exposure Control Officer, a representative from the Accreditation/Inspections and Training Section, and the City Manager of Health & Safety, shall meet at least on an annual basis to review the Department's exposure control practices. The committee will identify the need for changes in engineering controls and work practices.

The Exposure Control Officer will be responsible to ensure the effective implementation of these recommendations.

3.7 DISTRIBUTION OF EXPOSURE CONTROL PLAN

The ECP, also known as P&P 1301, Significant Exposure and Control Plan, is available for all employees to view in PowerDMS.

4. EMPLOYEE EXPOSURE DETERMINATION

See Appendix A for complete information regarding employee exposure determination including lists of job classifications that have occupational exposure and tasks that may result in occupational exposure.

5. POST-EXPOSURE EVALUATION, TESTING, AND FOLLOW-UP FOR BIOLOGICAL AND CHEMICAL EXPOSURES

Mandatory steps to follow are outlined in Attachment A.

5.1 IMMEDIATE POST-EXPOSURE ACTIONS

Any time an employee suffers an exposure incident he or she shall, as soon as possible, take all necessary first aid steps (clean the wound, flush eyes, or other mucous membrane, etc.) and begin personal decontamination as outlined in Section 8 of this policy.

In the case of an exposure incident (see Definitions in Section 1 of this policy) the employee shall immediately notify his or her supervisor who will immediately contact the Exposure Hotline at 407.200.5490 or 888.807.1020, listen to the message, and choose option 2. This Hotline is available 24 hours a day, seven days a week, and is staffed by a registered nurse trained to assess the exposure. The Hotline RN shall instruct the patient and contact the appropriate persons/facilities for continued exposure care. In cases of a significant exposure, the Hotline RN will transfer the caller to the Post Exposure Nurse (PEN), The final decision as to whether to test the source will be made by the Hotline RN using the CDC guidelines as criteria.

When the Exposure Hotline is called, they should be informed if there is a source individual who also needs to be tested. Please refer to Section 5.2.2 on instructions for testing source individuals who provide consent, and refer to Section 5.2.3 for source individuals who do not give consent for testing.

5.2 POST-EXPOSURE DOCUMENTATION

The supervisor shall ensure that the following documentation is completed as soon as possible once a significant exposure incident is reported:

- Incident Report for Significant Exposure (refer to Section 5.2.1 for details)

If the exposure resulted from a suspect who was being apprehended, the officer should include information in the Arrest Affidavit detailing the exposure and include the statement “Exposure to Body Fluids” in the space provided for the list of charges.

Once notified of an exposure incident, the employee’s supervisor shall investigate the incident, inform all affected employees, and ensure that those employees receive appropriate follow-up.

5.2.1 INCIDENT REPORT FOR SIGNIFICANT EXPOSURE

The exposure Incident Report must detail the following information:

a. Tasks being performed when exposure occurred
b. Mode of transmission and where the infectious materials entered
c. Infection control equipment or garments worn at the time
d. Identification of the source individual (unless the employer can establish that identification is infeasible or prohibited by State or local law)
e. If the employee refused medical care or testing

5.2.2 SOURCE INDIVIDUAL BLOOD TESTING – WITH CONSENT

Any time there is a significant exposure, every effort must be made to identify the source of the exposure and determine that person’s HIV, HCV, and/or HBV status. The exposed employee or their supervisor shall call the Exposure Hotline even if the source cannot be identified.

Once the source individual is identified, call the Exposure Hotline at 407.200.5490 or 888.807.1020, listen to the message, and choose option #2. The employee will inform the hotline of the exposure and provide the requested information. The hotline RN will transfer the caller to the Post Exposure Nurse (PEN), who will respond to the exposure site or designated facility. Inform the PEN that the source is willing to be tested and give the source location and circumstances.

The PEN, a certified HIV counselor, will counsel the source and obtain source consent using the appropriate forms. The release of source information regarding HIV status will be explained to the source by the PEN, and will be in compliance with State and Federal statutes. If the source is not immediately available but becomes available after the initial exposure event, the supervisor will contact the manager of the Hotline (407.200.4717) or the Surveillance Coordinator (407.200.2891) at Centra Care Corporation regarding testing the source.

5.2.3 SOURCE INDIVIDUAL BLOOD TESTING – WITHOUT CONSENT

Pursuant to an Administrative Rule issued by the Chief Judge, arrestees who refuse to provide a blood sample shall not be released from jail on their own recognizance or for population control, nor will they be permitted to post bail prior to Initial Appearance, provided the officer has documented the exposure incident in the Arrest Affidavit. Also, failure of the arrestee to provide a blood sample will be considered by the judge when establishing bail and may result in a higher bond. Officers should advise arrestees of this rule in an effort to gain their consent.

If the individual does not give consent, the individual may be detained until the following steps are completed:

a. Call the Exposure Hotline at 407.200.5490 or 888.807.1020, listen to the message, and choose option #2. Inform them that you have had an exposure and give information to the Hotline as requested. The Hotline RN will transfer the caller to the Post Exposure Nurse (PEN). The caller will inform the PEN that the source is not willing to be tested and give the source locate on and circumstances. This step should be completed when the employee makes notification in Section 5.1 immediately after the exposure occurs.
b. The PEN has a letter of medical necessity (Attachment B) indicating that source testing is necessary for treatment of the exposed. This letter is from the Medical Director and will be authorized for implementation by a telephone call from the PEN to the Medical Director.
c. Once the letter of medical necessity has been authorized, an Affidavit for Warrant to Conduct Examination (Attachment C) and a Warrant to Conduct Examination (Attachment D) must be completed.
d. The Affidavit for Warrant, the letter of medical necessity, and Incident Report must be delivered to the Initial Appearance or to the on-call judge for signature.
e. Officers may use reasonable force to take the source individual to the testing location identified by the Exposure Hotline.
f. A copy of the Warrant shall be given to the person who will draw the blood, and the Return, Inventory and Receipt (Attachment E) will be completed.

If the source individual is under arrest, be sure to include the statement “BODY FLUID EXPOSURE” in the charges section of the Arrest Affidavit. Officers should alert the booking office staff of the exposure and the contents of the affidavit.

5.2.4 DISTRIBUTION OF DOCUMENTS

One copy of the Warrant and one copy of the Return, Inventory and Receipt will be left with the person tested.

One copy of the Warrant will be given to the person taking the blood.

The original Warrant and the original Return, Inventory and Receipt will be returned to the Clerk of the Circuit Court, Criminal Division.

5.3 ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The designated treating physician is responsible for all post-exposure evaluations and follow-up. The designated treating physician will also provide the exposed employee(s) with the source individual’s test results and with

information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).

5.4 PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT
The affected employee's supervisor will review the circumstances of all exposure incidents to determine:

a. Whether appropriate work practices were followed
b. Device being used
c. Type of protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
d. Location of the incident
e. Procedure being performed when the incident occurred
f. Whether engineering controls were used

If it is determined that revisions need to be made, the supervisor will advise the Exposure Control Officer, who will then ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

6. DANGERS OF FENTANYL

Fentanyl and its analogs pose a potential hazard to law enforcement officers, who unknowingly come into contact with these drugs during the course of their law enforcement activities. These substances come in several forms including powder, blotter paper, tablets, and spray. They can be absorbed through the skin or inhaled as an airborne powder. While skin absorption of fentanyl commonly occurs through prescribed use of the drug, inhalation of powder is the most likely exposure route for illicitly manufactured fentanyl. Inhalation exposure can quickly result in respiratory distress.

First Responders are increasingly likely to encounter fentanyl during daily activities (e.g., responding to overdose calls, conducting traffic stops, arrests, and searches).

In addition to the safety measures outlined in this section, employees will be bound by the procedures set forth in the current issue of P&P 1143, SAFE HANDLING AND FIELD TESTING OF UNKNOWN NARCOTICS (FENTANYL).

7. HANDLING/FIELD TESTING OF NARCOTICS

7.1 SAFETY MEASURES
The Florida Department of Law Enforcement recommends law enforcement personnel take adequate safety measures and handle all unknown substances as if they were lethal.

The following safety precautions shall be followed by department personnel when handling potentially dangerous drugs;

a. Use extreme caution
b. Do not handle/field test suspected fentanyl or synthetic opioids alone (minimum of 2 personnel).
c. It is ideal to conduct field testing in a controlled environment, however when it is necessary to field test in an open air environment, extreme care should be taken in windy or other adverse conditions.
d. Do not eat, drink, or smoke while performing operations involving any narcotics.
e. Wear suitable personal protective equipment (PPE) to cover eyes, mouth, and nose to prevent absorption and inhalation of airborne particles and wear gloves to avoid absorption through the skin.
f. Wear a double set of gloves for added protection and a disposable gown to prevent powder from inadvertently contacting the skin. Different color gloves, available in the Quartermaster Unit, shall be used for outer and inner gloves. Black outer gloves may allow the user to better visualize drug powder residue on the glove. Blue contrasting inner gloves may allow for tears in the glove to be more apparent. If gloves are torn, they shall be changed immediately, otherwise they should be changed after 30-60 minutes of use.

g. If you get any powder on yourself, let someone know immediately. Remove the affected clothing or rinse with water if it has come into contact with skin.
h. Clean the area after contact and properly dispose of gloves and paper used in handling.
i. Immediately wash your hands with water and soap, if available, after handling/field testing any narcotics.
j. In the event of a large spill or release of fentanyl or suspected fentanyl, vacate the area of the release or spill and notify a hazardous material incident response team (OFD). Notification shall be made via the chain of command to the on-duty Watch Commander, who will coordinate the response.
k. At the conclusion of field testing, once all PPE has been carefully removed and properly disposed of in a bio-hazard bag, immediately wash hands with water and soap, if available. Do not use alcohol gel, as this opens pores and poses a greater risk of exposure.

7.2 SIGNS OF EXPOSURE

a. Be aware of any signs of exposure. Symptoms include;
    1. Respiratory depression or arrest
    2. Drowsiness
    3. Disorientation
    4. Sedation
    5. Pinpoint pupils
    6. Clammy skin
b. Onset of these symptoms usually occurs within minutes of exposure.
c. Fentanyl and its analogs can work very quickly. In case of suspected exposure, it is important to call EMS immediately. If inhaled, move the victim to fresh air. If ingested and the victim is conscious, wash out the victim's mouth with water. In any case immediately notify a supervisor, who shall respond to the scene.
d. Have Naloxone/Narcan readily available and be ready to administer in the event of exposure. The affected person does not have to be unresponsive to administer Naloxone/Narcan. If fentanyl exposure is suspected, administer immediately. Be aware, it may require more than a single dose.

7.3 OTHER FACTORS TO CONSIDER

When responding to possible overdose calls, PPE shall be worn due to the increased risk of exposure. Special care should be taken when searching overdose scenes for evidence to reduce the likelihood of releasing any powders into the air. Once the scene has been assessed and cleared of any hazards, a supervisor may make the determination to discontinue the use of PPE by personnel on the scene.

In addition to the safety measures outlined in this section, employees will be bound by the procedures set forth in the current issue of P&P 1143, SAFE HANDLING AND FIELD TESTING OF UNKNOWN NARCOTICS (FENTANYL).

8. METHODS OF IMPLEMENTATION AND CONTROL

8.1 UNIVERSAL PRECAUTIONS

All personnel will use universal precautions. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all human blood and certain human body fluids are treated as if infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other bloodborne pathogens.

8.2 EXPOSURE CONTROL PLAN

Employees covered by the Employee Exposure Determination table in Appendix A shall receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have access to this policy/plan via PowerDMS. Employees may review the master ECP (this policy and full training outline) at any time during their work shifts by contacting one of the locations listed in Section 3.7 of this policy. Employees may request a copy of the master ECP, which will be provided free of charge within 15 days of the request.

8.3 ENGINEERING CONTROLS AND WORK PRACTICES

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

8.3.1 CONTAMINATION OF FACILITIES
Any time an employee has knowledge that an area has become contaminated, the employee shall:

a. Seal off the area with biohazard warning tape and labels (available from the Quartermaster Unit).
b. Notify the Quartermaster Unit and advise them of the location and nature of the contamination.

OPD Headquarters facilities that have been significantly contaminated shall be cleaned by properly-trained OPD janitorial personnel.

If the contamination is at an off-site facility, the employee shall follow the steps listed above, but must also contact the cleaning service for that facility.

If the contaminated area cannot be properly and safely isolated, the Quartermaster Unit shall contact the City Hall security guard and request the on-call Facilities Management representative respond for cleanup.

8.3.2 CONTAMINATION OF VEHICLES
If a vehicle is slightly contaminated (small amounts of infectious materials present), it shall be the employee's responsibility to clean and decontaminate the vehicle using a decontamination kit available from the Quartermaster Unit. Employees shall wear the appropriate personal protective equipment when cleaning the contaminated vehicle.
If the vehicle is significantly contaminated, the employee shall:

a. Deadline the vehicle
b. Lock all doors
c. Place a bio-hazard warning label on the vehicle so that it is clearly visible
d. Notify the Quartermaster Unit

Vehicles that have been significantly contaminated shall be cleaned by properly trained OPD janitorial personnel.

8.3.3 CONTAMINATION OF EQUIPMENT
Equipment that is slightly contaminated (small amounts of infectious materials present) shall be cleaned and decontaminated by the employee using a decontamination kit available from the Quartermaster Unit. Employees shall wear the appropriate personal protective equipment when cleaning the contaminated items.

Equipment should be cleaned as soon as practical after the contamination is discovered. Cleanup should be done in a proper cleaning area, or outside where there is a sanitary sewer into which the dirty or contaminated run-off can be flushed. Care must be taken to ensure that the cleaning materials and solutions used are compatible with the equipment.

8.3.4 CONTAMINATION OF POLICE K-9s
In the event of a police K-9 bite, the handler will immediately clean the dog's muzzle of any blood or body fluids so as to preclude the possibility of accidental transmission via dog bite. As soon as practical, the handler will clean any other blood or body fluids from the dog's body.

8.3.5 CONTAMINATION OF UNIFORM/CLOTHING
Employees shall remove contaminated uniforms and clothing as soon as practical. Any skin that contacted the contaminated clothing must be cleaned and decontaminated as well. Contaminated clothing shall be placed in a biohazard bag and disposed of in an approved biohazard waste receptacle.

Employees with contaminated uniforms shall request a replacement by submitting a requisition to the Quartermaster Unit, via proper channels. A notation shall be made on the requisition form that the replacement is requested due to biohazard contamination.

Employees with contaminated personal clothing may request replacement by following procedures outlined in OPD Policy and Procedure 1604 (15.10 Loss/Damage to Personally-Owned Property) and City policy.

8.3.6 PERSONAL DECONTAMINATION

Employees whose skin has come into contact with a potentially infectious material shall vigorously wash the area for 60 seconds using soap and running water, followed by an antiseptic cleanser.

Mucosal surfaces (eyes, mouth, nasal passages) that have been contaminated by a potentially infectious material should be thoroughly rinsed and flushed with a water or saline solution as soon as possible.

Employees shall wash and disinfect their hands after each exposure incident and after cleaning equipment, vehicles, or facilities.

8.3.7 CLEANING AREAS

Sinks located in Department restroom facilities may be used as a cleaning site. The employee using the area shall ensure that it is properly cleaned and decontaminated after use. Employees shall wear the appropriate personal protective equipment when cleaning the contaminated area.

8.3.8 DISINFECTANTS

Cleaning of biohazard contamination shall be done using any of the following:

a. Commercial disinfectant products approved for bio-hazard cleanup
b. A 10% bleach solution and water
c. A 70% ethyl alcohol solution

Disinfectant materials are available in the Quartermaster Unit.

8.3.9 SHARP OBJECTS

Employees must use care at all times to prevent injuries from “sharps” - needles, razors, scalpels, and any other objects that have the potential to puncture the skin. All “sharps” must be placed in a suitable puncture-resistant container, preferably a “sharps” container specifically designed for this purpose. Extreme care should be used when handling needles and they shall not be re-capped, bent, or broken. All “sharps” must be considered to be potentially infectious.

8.3.10 CONTAMINATION ON PUBLIC OR PRIVATE PROPERTY

Cleanup of contamination on public or private property is the responsibility of the custodians or owners of the property. The Orlando Fire Department Hazardous Material Response Team will respond only to contain and mitigate the hazard in order to safeguard the general public.

8.3.11 PROHIBITED ACTIVITIES

Employees shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses when in close proximity to potentially infectious materials. Employees should also refrain from touching their mouth, eyes, or nose when wearing personal protective equipment.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

8.4 PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is provided to employees at no cost to them. Training is provided in the use of the appropriate PPE for the tasks or procedures employees will perform by the designated biohazard trainers. PPE is issued as needed by the Quartermaster Unit. Each OPD vehicle will also be equipped with an appropriate biohazard kit. Due to space limitations, motors and bicycle units will have smaller biohazard kits with minimal PPE.

Employees shall use PPE any time there is a potential for exposure to blood or OPIM. The exception shall be when, under rare and extraordinary circumstances, the employee determines 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 it shall be documented in the Significant Exposure Incident Report. The circumstances shall then be investigated in order to determine whether changes can be instituted to prevent such occurrences in the future.

The types of PPE available to employees are as follows:

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. Nitro gloves shall be worn when dealing with suspected synthetic opioids.

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.

Disposable (single-use) gloves shall not be washed or decontaminated for re-use.

Utility 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.

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.

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 (e.g., autopsies, work in or near bodies in advanced decomposition).

One-way Disposable Respiration Airways: Disposable respiration airways shall be used any time the employee performs artificial respiration.

All employees using PPE must observe the following precautions:

a. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
b. Remove PPE after it becomes contaminated and before leaving the work area.
c. Used PPE shall be placed in a biohazard bag and disposed of in the biohazard waste receptacle at the rear of OPD.
d. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
e. Never wash or decontaminate disposable gloves for reuse.

f. Wear appropriate face and eye protection when splashes, sprays, splatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
g. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

All PPE, except utility gloves, are disposable and will be discarded after use, even though it may not be obviously contaminated. After use, PPE shall be placed into a marked biohazard bag and sealed, then placed into a properly-marked regulated waste container.

8.5 HOUSEKEEPING

All equipment and surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Work surfaces shall be cleaned with 1:10 solution of bleach and water.

Broken glassware that 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.

All contaminated or potentially contaminated items that are being disposed of (regulated waste) shall be placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled and closed prior to removal to prevent spillage or protrusion of contents during handling. Normally, this will involve sealing the item in a marked biohazard bag.

Contaminated sharps are to be placed in appropriate sharps containers and disposed of in a regulated waste container. Sharps containers are available in the biohazard kits assigned to each vehicle, in the Quartermaster Unit, and from Property and Evidence.

8.5.1 REGULATED WASTE MANAGEMENT

All contaminated items that are to be disposed of must be properly packaged and placed in the designated and marked regulated waste container located at the rear of OPH. The key to this container can be obtained on a 24-hour basis from the Quartermaster Unit. A biohazard waste container is also available in the Property and Evidence Unit.

A state-registered company under contract to the City of Orlando will dispose of the regulated waste from these containers.

8.5.2 CONTAMINATED EVIDENCE ITEMS

Evidence items that are contaminated will be placed in an appropriate sealed and labeled container or package. Exceptionally large or bulky items that cannot be packaged will have all contaminated areas covered, sealed, and properly labeled.

8.6 LABELS AND SIGNS

Warning labels shall be affixed to all contaminated evidence, the evidence container, 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.

Warning labels shall be fluorescent orange or orange-red or predominately so, with black lettering and symbols and will include the international bio-hazardous waste symbol shown here:



Labels shall be permanently affixed to the item or container in such a manner that prevents their loss or unintentional removal.

Commercially produced marked biohazard bags or containers do not require additional labels.

All employees shall ensure that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility.

Employees are to notify the Exposure Control Officer if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

9. HEPATITIS B VACCINATION

The Exposure Control Officer will ensure that Department-appointed trainers provide training to employees on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The Hepatitis B vaccination will be given by a Licensed Healthcare Professional at a reasonable time and place and through the Occupational Health Provider at no cost to employees identified in the exposure determination section of this plan (see Appendix A).

Any employee listed in Appendix A who has not received the vaccine and wishes to do so may contact Advent Health Centra Care at 407.200.5490 for scheduling. A new employee shall also be offered this vaccine during their post-offer physical per OSHA requirements and after the receipt of infectious diseases training. The vaccination will be made available within at least ten working days of initial assignment.

Vaccination is encouraged unless:

a. Documentation exists that the employee has previously received the series,
b. Antibody testing reveals that the employee is immune, or
c. Medical evaluation shows that vaccination is contraindicated.

The employee will indicate his/her choice on the Hepatitis B Vaccination Documentation Form (Attachment F). A copy of the form will be given to the employee, and the original will be maintained by the Training Staff. If an employee chooses to decline vaccination, the employee must sign a declination form provided by the Occupational Health Provider. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee's health record.

Following Hepatitis B vaccinations, the health care professional's written opinion will be limited to whether the employee requires the Hepatitis vaccine and whether the vaccine was administered.

10. TRAINING

10.1 EMPLOYEE TRAINING

All employees who have occupational exposure to blood-borne pathogens (see Appendix A) shall receive training on the basic description, symptoms, and the modes of transmissions of infectious diseases. In addition, the training program covers, at a minimum, the following elements:

a. A copy and explanation of the standard.
b. An explanation of our ECP and how to obtain a copy.
c. Familiarization with the Agency's infectious diseases policy, including the OSHA regulation.
d. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
e. An explanation of the use and limitations of methods that will prevent or reduce exposure, including personal protective equipment
f. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
g. An explanation of the basis for PPE selection.
h. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
j. An explanation of the procedure to follow if an exposure incident occurs, including the Agency's biohazardous waste disposal procedures, the method of reporting the incident, and the medical follow-up that will be made available.
k. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
l. An explanation of the signs, labels, and/or color-coding identifying biohazardous waste.
m. An opportunity for interactive questions and answers with the person conducting the training session.

Training will occur at the time of initial assignment and annually thereafter. Training will be in the form of classroom instruction, video instruction, or test materials. The method of instruction will be decided by the Training Unit. After any training is offered, questions may be directed to the City of Orlando Health and Safety Manager at phone number 407-246-2255.

11. RECORD KEEPING

11.1 TRAINING RECORDS

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the Training Unit.

The training records include:

a. The dates of the training sessions
b. The contents or a summary of the training sessions
c. The names and qualifications of persons conducting the training
d. The names and job titles of all persons attending the training sessions

Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Accreditation/Inspections and Training Section Commander.

11.2 MEDICAL RECORDS

The Occupational Health Provider is responsible for maintenance of the required medical records. These confidential records are kept at the Occupational Health Provider's office for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to any one having written consent of the employee within 15 working days of the request. For the locations, active employees should contact Centra Care at 407.200.2886. Retired or terminated employees should contact City Records Retention.

APPENDIX A

EMPLOYEE EXPOSURE DETERMINATION

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

JOB TITLE	DIVISION	LOCATION
Police Officers	Department-wide	Department-wide
Crime Scene Investigators	Criminal Investigations	Department-wide
Community Service Officers	North Patrol	Department-wide
Janitorial Staff	Support Services	Department-wide

The following is a list of job classifications in which **some** employees have occupational exposure.

JOB TITLE	DIVISION	LOCATION
Quartermaster Unit Employees	Support Services	Department-wide
Property & Evidence Technicians	Support Services	Department-wide
Identification Unit Employees	Support Services	Department-wide
Forensic Photographers	Criminal Investigations	Department-wide
Audio/Video Technicians	Criminal Investigations	Department-wide
Latent Print Examiners/	Criminal Investigations	Department wide
Staff Assistants assigned to Police Substations	Patrol Services	Department-wide

The following is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure **may** occur for these individuals:

TASK/PROCEDURE	JOB TITLE(S)	LOCATION
Arrests and searches	Police Officer	Department-wide
Evidence Collection	Police Officer Crime Scene Investigator Community Service Officer	Department-wide
Accident Investigation	Police Officer Crime Scene Investigator Community Service Officer	Department-wide
Evidence Handling	Police Officer Crime Scene Investigator Community Service Officer Property & Evidence Technician Forensic Photographers Audio/Video Technicians Latent Fingerprint Examiners	Department-wide
Disposal of Hazardous Waste	Quartermaster Personnel Property & Evidence Technician	Quartermaster Unit Property & Evidence
Significant Contamination Cleanup	Janitorial Staff	Department-wide

ATTACHMENT A

ORLANDO POLICE DEPARTMENT
SIGNIFICANT EXPOSURE
SUPERVISORY CHECKLIST

- ☐ 1. TAKE NECESSARY FIRST AID STEPS
- ☐ 2. CONTACT EXPOSURE HOTLINE AT 407.200.5490 or 888.807.1020, LISTEN TO THE MESSAGE, AND CHOOSE OPTION #2
- ☐ 3. THE HOTLINE RN WILL TRANSFER THE CALLER TO THE POST-EXPOSURE NURSE (PEN), WHO WILL RESPOND TO THE EXPOSURE SITE OR DESIGNATED FACILITY. NON-SIGNIFICANT EXPOSURES WILL BE DIRECTED TO THE APPROPRIATE MEDICAL FACILITY FOR UPDATING OF IMMUNIZATIONS, ETC.
- ☐ 4. COMPLETE DOCUMENTATION:
  - ☐ INCIDENT REPORT
- ☐ 5. IF SOURCE INDIVIDUAL CONSENTS:
  - ☐ INFORM HOTLINE
- ☐ 6. IF SOURCE INDIVIDUAL REFUSES:
  - ☐ INFORM HOTLINE
  - ☐ OBTAIN DOCTOR'S SIGNIFICANT EXPOSURE STATEMENT or LETTER OF MEDICAL NECESSITY
  - ☐ WRITE WARRANT
  - ☐ OBTAIN JUDGE'S SIGNATURE
  - ☐ GIVE WARRANT TO MEDICAL PERSONNEL
  - ☐ COMPLETE WARRANT
- ☐ 7. DISTRIBUTION OF DOCUMENTS:
  - ☐ ORIGINAL WARRANT, PHYSICIAN'S STATEMENT, or LETTER OF MEDICAL NECESSITY, RETURN, INVENTORY AND RECEIPT TO CLERK OF COURT
  - ☐ COPY WARRANT, RETURN, INVENTORY AND RECEIPT LEFT WITH NON-CONSENTING SOURCE INDIVIDUAL
  - ☐ COPY WARRANT TO MEDICAL PERSONNEL TAKING BLOOD FROM NON-CONSENTING SOURCE

Sample

ATTACHMENT B

Centra Care
FLORIDA HOSPITAL URGENT CARE

Statement of Medical Necessity

Date: _____

To: The Honorable_____

From: Doctor_____

Subject: Significant Exposure of Body Fluids

Please be advised that I, the below signed physician, am a licensed physician in the State of Florida. I have reviewed the facts contained in the Affidavit for Warrant, the report contained in case number _____ and have spoken with the officer preparing the warrant.

It is my professional opinion that the exposure described in the above listed warrant is a significant exposure as defined in Chapter 381, Florida Statutes. The taking and testing of blood from the person responsible for the significant exposure is medically necessary to determine the course of treatment for the person so exposed.

I do hereby swear and affirm that the facts contained herein are true and accurate to the best of my knowledge.

_____
PHYSICIAN'S SIGNATURE

STATE OF FLORIDA
COUNTY OF_____
SWORN TO and SUBSCRIBED before me and
☐PERSONALLY KNOWN ☐HAVING PRODUCED IDENTIFICATION

(Type of identification produced-_____)

This ____ day of _____, 20___

_____
Notary Public/Law Enforcement Officer

PEN form 10/2010

Sample

ATTACHMENT C

IN THE CIRCUIT/COUNTY COURT OF THE NINTH JUDICIAL CIRCUIT, IN AND FOR ORANGE COUNTY, FLORIDA

STATE OF FLORIDA
COUNTY OF ORANGE

OPD CASE NUMBER: _____

AFFIDAVIT FOR WARRANT TO CONDUCT EXAMINATION

Personally comes the affiant, _____, acting on behalf of the City of Orlando as employer of the below-named employee, before the Honorable _____, Judge in and for Orange County, Ninth Judicial Circuit of Florida, who states under oath that, based on the following facts, I have probable cause to believe that I, an officer as defined in Section 943.10(14); a firefighter as defined in Section 633.30; or a paramedic or emergency medical technician, as defined in Section 401.23, who, while acting in the scope of employment, has come into contact with a person in such a way that significant exposure, as defined in Section 381.004, Florida Statutes, has occurred. Said source subject is more particularly described as:

Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Address: _____

_____

Said source subject will not voluntarily submit to a screening for infectious transmissible diseases as provided in Section 384.287, Florida Statutes. Your Affiant seeks a court order directing that the person named above, who is the source of the significant exposure, submit to screening. A notarized or sworn statement from Dr. _____, a physician licensed under Chapters 458 or 459, Florida Statues, has been obtained, which provides that a significant exposure has occurred and that, in the physician's medical judgment, the screening is medically necessary to determine the course of treatment for the above-named employee.

The facts providing cause to believe that the exposure has occurred are as follows:

_____

Sample

ATTACHMENT C (Continued)

AFFIDAVIT FOR WARRANT TO CONDUCT EXAMINATION (Continued)

Wherefore, your Affiant prays that a warrant be issued commanding all or any of the Sheriffs of the State of Florida, Investigators of the several State Attorneys for the State of Florida, any agent of the Florida Department of Law Enforcement, or any Police Officer within the State of Florida, with the proper and necessary assistance, to take _____ into custody and deliver to a medical facility or to medical personnel for the purpose of testing for the presence of infectious transmissible diseases, including but not limited to, Hepatitis B and C and Acquired Immune Deficiency Syndrome or HIV, as provided by Section 384.287, Florida Statutes. Such results shall be reported to the officer's licensed treating physician or the designated medical provider of the City of Orlando.

_____
Affiant

Sworn to and subscribed before me this ____ day of _____, 20 ____.

_____
Judge

Sample

ATTACHMENT D

IN THE CIRCUIT/COUNTY COURT OF THE NINTH JUDICIAL CIRCUIT, IN AND FOR ORANGE COUNTY, FLORIDA

STATE OF FLORIDA
COUNTY OF ORANGE

OPD CASE NUMBER: _____

WARRANT TO CONDUCT EXAMINATION

THE STATE OF FLORIDA:

TO: ALL OR ANY OF THE SHERIFFS OF THE STATE OF FLORIDA, INVESTIGATORS OF THE SEVERAL STATE ATTORNEYS OF THE STATE OF FLORIDA, ANY AGENT OF THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT, OR ANY POLICE OFFICER WITHIN THE STATE OF FLORIDA

An affidavit having this day been presented to me wherein it is alleged that there is probably cause to believe that the person described as:

Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Address: _____

_____

has caused a significant exposure, as defined in Section 381.004, Florida Statues, to: employee number and initials, an officer as defined in Section 943.10(14), Florida Statutes; a firefighter as defined in Section 633.30, Florida Statutes; or ambulance driver, paramedic, or emergency medical technician as defined in Section 401.23, Florida Statutes, while such employee was acting within the scope of employment.

YOU ARE hereby commanded to take _____ into custody for delivery to medical personnel, or to _____, using such force as is reasonably necessary to effect said delivery and the examination ordered pursuant to this warrant, and the personnel of said facility are hereby ordered to screen said individual for infectious transmissible disease(s) that can be transmitted through a significant exposure, including but not limited, to Hepatitis B and C, Acquired Immune Deficiency Syndrome, or HIV, using any medically approved method, including the drawing of blood in a reasonable manner, and to deliver a report of said examination results to the designated treating

Sample

ATTACHMENT D (Continued)

WARRANT TO CONDUCT EXAMINATION (Continued)

licensed physician or the designated medical provider for disclosure in accordance with the provisions of the law.

The officer executing this Warrant shall leave a copy of this Warrant with the subject of the Warrant and with the testing facility and shall return this Warrant, along with a copy of the Return and Inventory, to this court within ten (10) days of its service.

WITNESS MY HAND and seal this _____day _____ 20 ___

_____
Judge

Sample

Page 2 of 2

ATTACHMENT E

IN THE CIRCUIT/COUNTY COURT OF THE NINTH JUDICIAL CIRCUIT IN AND FOR ORANGE COUNTY, FLORIDA

STATE OF FLORIDA
COUNTY OF ORANGE

OPD CASE NUMBER: _____

RETURN, INVENTORY AND RECEIPT

I, Officer _____, received this Warrant for Examination on the ____ day of _____, 20__, and executed the same in Orange County, Florida, on the ____ day of _____, 20__, by causing the examination of the person named in the Warrant and by having delivered a copy of this Search Warrant and Inventory and Receipt to _____, the person named in the Warrant. I additionally left a copy of the Search Warrant with _____, the person who drew the blood.

The following is the Inventory and Receipt of the items taken pursuant to the Warrant for Examination:

Blood draw for the person described in the Search Warrant.

I, Officer _____, the officer by whom the Warrant was executed, do swear that the above Inventory and Receipt contains a true and detailed account of all of the items taken by me on said Warrant.

Signature: _____

Printed Name: _____

Employee Number: _____

SWORN TO and SUBSCRIBED before me
this ____ day of _____, 20___

_____
Law Enforcement Officer

Affiant personally known: or provided ID:

Sample

ATTACHMENT F

ORLANDO POLICE DEPARTMENT

Hepatitis B Vaccination Documentation Form

All new members of the Orlando Police Department may elect to receive a Hepatitis B vaccination at *no cost* to the member. The vaccination will be administered by, or under the supervision of, a licensed physician or a licensed healthcare professional. Contact the Department's licensed healthcare provider, Centra Care, at 407.914.2926 to schedule an appointment. The vaccine sequence will be available within 10 days of initial assignment. The Orlando Police Department encourages vaccination under most circumstances, but it is voluntary.

My signature below indicates that I have received information about the Orlando Police Department's Hepatitis B Vaccination Program, and:

- ☐ I will contact Centra Care and schedule the Hepatitis B Vaccination at my convenience.
- ☐ Documentation exists that I have previously received the Hepatitis B Vaccination series.
- ☐ Previous antibody testing has indicated that I am immune.
- ☐ Medical evaluation shows that vaccination is contraindicated.
- ☐ I decline the Hepatitis B Vaccination series at this time. I understand I may request and obtain the vaccination at a later date at *no cost* by contacting Centra Care.

Print Name	Signature

Date	Employee Number	Recruit Class

OPD P&P 1301.8 F Rev. 7/03/14 Original – Training Copy – Employee