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I. DIRECTIVE

It is the policy of the Baltimore City School Police Force (BCSPF) to conform with the standards set forth in the Occupational Safety and Health Administration (OSHA) Regulation pertaining to Occupational Exposure to Bloodborne Pathogens (29 CFR Part 1910.1030).

It is a joint responsibility between the BCSPF and its members to maintain a safe workplace. The BCSPF will provide the training and materials to enable its members to remain safe. Members should be conscientious and exercise good judgement in utilizing the appropriate procedures to properly use the safety equipment and to adhere to the exposure control policies.

II. PURPOSE

The purpose of this General Order is to provide each member with the information and procedures to protect themselves and others from potentially infectious materials.

III. DEFINITIONS

A. AIDS- Acquired Immune Deficiency Syndrome; a communicable disease caused by the
Human Immunodeficiency Virus (HIV).

B. *Biohazard Label*- A fluorescent orange or orange-red label affixed to a container of potentially infectious materials.

C. *Bloodborne Pathogens*- Micro-organisms that are present in human blood and can cause disease in humans. These include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

D. *Body Fluids*- Fluids that have been recognized by the Center for Disease Control as directly linked to the transmission of HIV and/or HBV and/or for which universal precautions apply; blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and saliva (saliva is included because it is often difficult, if not impossible, to determine if in fact blood is present in the saliva at the time of exposure).

E. *Contact*- Contact without regard to the use of any personal protective equipment (PPE) between a member’s skin or mucous membranes and another person’s blood, body fluids, or tissues.

F. *Contamination*- The presence or the anticipated presence of blood or other potentially infectious materials on an item or surface.

G. *Contaminated Laundry*- Laundry which has been soiled with blood or other body fluids.

H. *Decontamination*- The use of physical or chemical means to remove inactive or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles; and the surface or item is rendered safe for handling, use, or disposal.

I. *Exposure*- A specific eye, mouth, other mucous membrane, or non-intact skin contact with blood or other body fluids that results from the performance of a member’s job related duties. These include needle stick injuries, human bites, or cuts involving a sharp object that may be contaminated.

J. *HBV*- An abbreviation for Hepatitis B Virus.

K. *HIV*- An abbreviation for Human Immunodeficiency Virus, which is the causative agent of AIDS.

L. *Immunization*- The process of rendering a person immune or highly resistant to a disease.

M. *Infectious Waste*- Blood and blood products, pathological waste, contaminated gloves, sharps, and other non-reusable items which are potentially contaminated.

N. *MOSHA*- Maryland Occupational Safety and Health Administration.

O. *Mucous Membranes*- Inside the eyes, ears, nose, mouth, and vaginal areas.

P. *OSHA*- Occupational Safety and Health Administration (U.S. Department of Labor).

Q. *PPE*- Personal Protective Equipment. Specialized clothing or equipment worn by a
member to protect an individual from a potential exposure.

R. Redbags- Red colored liquid impervious bags used for containing/transporting contaminated items or infectious wastes.

S. Sharps- Any contaminated object that can penetrate the skin including, but not limited to, needles, broken blood tubes, scalpels, lancets, and glass.

T. Sharps Container- A stationary, puncture resistant container that is leak proof on the sides and bottom and that is labeled with a biohazard symbol.

U. Sharps Transport Tube- A puncture resistant container (located inside the PPE kit) that is leak proof and is used to transport recovered contaminated sharps for disposal or evidence purposes.

V. Universal Precautions- Treating all blood and body fluids as if they are contaminated.

IV. EXPOSURE DETERMINATION

Universal Precautions shall be observed by all departmental personnel. All blood and other potentially infectious materials (as defined in the OSHA regulation for Bloodborne Pathogens: 29 CFR Part 1910.1030) will be considered infectious at all times.

V. ENGINEERING CONTROLS

The following equipment will be utilized for the protection of departmental personnel and the public:

A. Sharps Containers will be placed in each patrol vehicle, station, and sub-station of the department. These containers will have a lid to prevent the spilling of sharps; and must display a biohazard label.

B. Sharps Transport Tubes shall be maintained in each patrol vehicle and will be used to contain sharps until they can be transported and retained in a sharps container.

C. Disposable (Single Use) Latex Gloves shall be maintained in each patrol vehicle and shall be utilized where there is potential or evidence of bloodborne pathogens exposure. Disposable hypoallergenic (powderless) gloves will be made available to personnel who have allergies to regular gloves. Heavy duty rubber gloves will be available for clean-up purposes.

D. Disposable CPR Masks (with one-way valves) shall be maintained in each patrol vehicle for immediate access.

E. Face and Eye Protection shall be maintained in each patrol vehicle for immediate
F. **Anti-microbial Hand Cleaner or Hand Wipes** shall be maintained in each patrol vehicle and will be used in situations where it is not feasible to immediately wash with soap and water.

G. **Disposable Gowns and Shoe Covers** shall be maintained in each patrol vehicle and will be made available and worn in accordance with the procedures outlined in this directive (see: Section VII, No. 7)

H. **Red Bags and Bag Ties** shall be maintained in each patrol vehicle and shall be used for disposal of infectious waste and containment of evidence contaminated with body fluids. Additional red bags will be maintained at each station and substation, should the primary container leak or become contaminated on the outside.

I. **Biohazard Labels** shall be maintained in all patrol vehicles, stations, and sub-stations. If contaminated evidence is removed from a red bag and placed in any other container for storage or transport, the container shall be labeled using a biohazard symbol label.

J. **Disinfection Kits** shall be maintained at each station and sub-station and shall be available for the cleaning of departmental equipment (uniforms and clothing excepted) and interior of transport vehicle (See Section “VIII- O.” for equipment decontamination procedures).

K. **Waste Containers** shall be placed in designated areas for the disposal of infectious waste. These containers will identify the contents as biohazard and be designed in a fashion to prevent the spilling of contents.

**VI. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Personal Protective Equipment Kits will be maintained in each patrol vehicle, school, and headquarters. Sworn members shall, at the start of each shift, assure that the kit is complete and is housed in the trunk of the patrol vehicle.

**PPE Kits** shall contain the following items:

A. **Disposible (Single Use Only)**
   1. Latex hypoallergenic gloves (2 pair)
   2. Face Mask, to minimize the possibility of mucosal contamination (1 set)
   3. CPR mask with one-way valve (1)
   4. Sharps transport tube (1)
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5. Isopropyl Alcohol Towelettes or Anti-microbial waterless hand cleaner (1 pkg.)
6. Hand Towels (5)
7. Red bags for containment of used PPE items and contaminated evidence items (other than laundry) (2)
8. Blue bag for the containment of soiled or contaminated clothing or uniforms, if to be laundered (1)
9. Biohazard Labels for use in the event any other type of container must be used (3)
10. Liquid Impervious gowns and shoe covers (for dealing with gross amounts of blood or other fluids at crime scenes) (1 set)

B. Reusable (After Decontamination)
   1. Sharps Container (1)
   2. Goggles or Safety glasses (1 pair)

Additionally, at least one (1) fully serviceable PPE kit will be maintained and kept readily available by the on-duty Commander; to be issued as an immediate replacement kit for any patrol vehicle whose kit has been used and items are not available for immediate replacement.

NOTE: The items used from any PPE kits shall be disposed of properly (Red Bag/properly labeled waste container) and shall be replaced in the kit as soon as possible.

Use of PPE items:

1. PPE should be used as in rare and extraordinary circumstances where it could compromise the delivery of emergency medical care or public safety. In those cases, the circumstances should be documented by the employee and investigated by the employee’s supervisor. The intent of this action is to determine if changes should be made to prevent future occurrences of this nature.
2. Gloves should be worn by personnel whenever hand contact with blood or other potentially infectious materials is anticipated. Proper gloving and de-gloving techniques shall be practiced.
3. Disposable gloves must be replaced as soon as possible if they are contaminated, torn, punctured, or otherwise lose their ability to function as a barrier to exposure. Disposable gloves are never to be reused.
a. Heavy duty rubber gloves are to be used for cleaning and disinfecting equipment. These may be reused if they have been decontaminated (disinfected) by soaking in a solution consisting of one (1) part household bleach to nine (9) parts water for a minimum of 5 minutes; and are undamaged (not having lost their ability to function as a barrier to exposure).

4. Eye and face protection should be used whenever the possibility of splashes or spray of blood/body fluids are reasonably anticipated. Goggles or glasses with shields shall be decontaminated using the same method as rubber gloves (see a. above).

5. Disposable CPR masks, with one-way valves, should be used when performing mouth to mouth breathing. Used CPR masks shall be placed in a red bag and disposed of in a regulated waste container.

6. Gowns and shoe covers should be worn by personnel assigned to crime scenes where gross amounts of blood or body fluids are present. Contaminated gowns and/or shoe covers shall be placed in a red bag and disposed of in a regulated waste container.

7. Personnel shall remove all contaminated PPE and place it inside the provided red bag(s), securing same, and prior to clearing the call. The red bag(s) will then be placed in a regulated waste container, located at Headquarters.

VII. WORK PRACTICE CONTROLS

Universal precautions shall be exercised at all times by affected personnel. All body fluids must be considered potentially infected materials.

The following work practice controls are intended to reduce the likelihood of contacting or spreading a communicable disease:

A. Mouth to mouth resuscitation (without protection) shall only be performed as a last resort in the management of a non-breathing individual.

B. Protective gloves shall be worn when likelihood of exposure to a contaminant is likely. Every reasonable effort should be made to minimize exposure to body fluids.

C. Members should cover all open wounds/scratches with a bandage prior to reporting for duty.

D. As soon as possible, after possible exposure or contact, members shall wash their hands with soap and water, even if gloves were used. Anti-microbial waterless hand cleaner or wipes will be available and used until the member(s) can wash their hands.

E. Mucous membranes should be flushed with water immediately, or as soon as possible,
after exposure.

F. Uniforms or PPE clothing that become soaked or soiled with blood and/or body fluids should be removed and the skin area underneath thoroughly cleaned. Contaminated uniforms or PPE clothing shall be placed in a blue bag and deposited in a regulated waste container.

G. Whenever reasonably possible, gloves should be changed, in between, if dealing with more than one individual; and removed before handling other equipment (e.g. radio, interior of vehicle, paperwork, etc.).

H. Bending or breaking of needles is prohibited. Needle(s) shall be placed in a sharps transport tube using the one handed technique.

I. In any procedure involving blood or other potentially infectious materials, all affected employees shall use caution so as to minimize splashing, spraying, and splattering.

J. Employees are prohibited from using any “mouth suctioning” techniques when dealing with snake or animal bites. This suctioning is no longer part of the Maryland First Responder Medical protocol.

K. Eating, drinking, smoking, application of cosmetics, and handling of contact lenses are prohibited in areas where potentially infectious waste is present. Food will not be stored in refrigerators with blood or other infectious material.

L. Prisoners with body fluids on their person/clothing shall be transported in separate vehicles from other arrestees and should be detained in separate holding areas.

M. If a prisoner is known to have a communicable disease, the arresting/transporting officer shall notify the receiving agency. This notification shall only be given to those with a need to know, and in a manner to ensure the privacy and confidentiality rights of the prisoner.

N. Strip/Body cavity searches shall be conducted in accordance with established procedures. During this type of search, disposable gloves must be worn. Members shall wash their hands with soap and water as soon as possible after this contact.

O. Any police or personal equipment that is contaminated must be decontaminated prior to reuse, servicing, or shipping (e.g. handcuffs, weapons, uniforms, etc.) Handcuffs and firearms shall be decontaminated by submersing in and/or washing with STERI-QUAT or equivalent solution. This solution, or a functional equivalent, shall be maintained at School Police Headquarters by the Quartermaster Unit and must be available on a 24 hour basis. Other equipment items may be decontaminated by submersing and/or washing with STERI-QUAT, a solution of either one (1) part household bleach and nine (9) parts water; or Isopropyl Alcohol (Rubbing Alcohol). Members are reminded to wear PPE whenever decontamination is performed. Any equipment which cannot be
decontaminated shall be either placed in a red bag or marked with biohazard label (or label tape) to warn others of potential exposure to blood pathogens.

P. If it is not feasible to clean the equipment prior to forwarding or shipping, or the item is of evidentiary value, information regarding the contamination must be conveyed to the representative or other law enforcement agency at or prior to delivery. Evidence containers in these circumstances will display the biohazard label.

VIII. HOUSEKEEPING

A. Surfaces and Equipment
   The following procedures and frequencies for cleaning and disinfecting shall be followed:
   1. All areas contaminated require immediate cleanup which will include stabilizing all liquids, decontamination with disinfectant (Do not use bleach on clothing/fabrics), followed by cleanup with soap and water.
   2. All materials (not tools or equipment) utilized in the cleanup should be considered contaminated and disposed of in a properly labeled, regulated waste container located at School Police Headquarters.
   3. All tools and equipment utilized in the cleanup should be properly cleaned and disinfected using STERI-QUAT, a bleach solution, or isopropyl alcohol (70%).
   4. All counter, table, and floor surfaces coming into contact with any blood or body fluids will be considered contaminated. These surfaces shall be disinfected (at in #3 above) following incidents of possible exposure by the individual performing the task at that location.
   5. Appropriate PPE should be worn during all cleanup procedures.

The Quartermaster shall:
   1. Ensure that an adequate supply of disposable gloves, gowns and pocket masks are maintained in all cruising patrols.
   2. Ensure that an adequate supply of approved cleaning solution is available.

NOTE: The Baltimore City Health Department suggests that a freshly prepared solution of one part household chlorine bleach (5.25% sodium hypochlorite) and nine parts water be utilized for cleaning contaminated areas.

   3. Ensure that special containers are provided for the disposal of all contaminated gloves,
gowns, masks, etc. These containers shall be clearly marked and properly disposed of whenever necessary.

B. Refuse and Regulated Waste
The following procedures for handling waste shall be used:
1. All contaminated or potentially contaminated items will be transported in a red/blue bio-hazard bag or other properly labeled (bio-hazard label), leak-proof container.
2. All contaminated or potentially contaminated waste will be disposed of in a regulated waste container located at School Police Headquarters. This will be removed from the facility by the Hazardous Waste Removal provider currently under contract, whenever the container is full or when it is otherwise necessary to do so. Non-contaminated waste will be placed in regular waste containers and disposed of by in-house maintenance personnel.
3. Any broken glass shall be collected using mechanical means to limit potential contact. This material shall be placed in a sharps container.
4. If during the course of cleanup/transport the outside of a red bag becomes contaminated, place the original bag inside a new bag to prevent further contamination.

C. Clothing and Laundry Items
Clothing contaminated during the performance of duty, including cleanup, shall be laundered at no cost to the employee, according to the following procedure:

1. Members whose clothing becomes contaminated shall remove the clothing as soon as possible.
2. Contaminated clothing to be disposed of should be placed directly into a red bag and transported to School Police Headquarters for disposal in a regulated waste container.
3. Contaminated clothing to be laundered should be placed directly in a blue bag.
4. Members shall wash all affected areas of their body which were in contact with the contaminated clothing.
5. Blue bag(s) containing contaminated clothing shall be transported to the current contract laundry facility.

With approval, the department will provide for the proper decontamination or laundering of contaminated clothing/uniforms, or their replacement, at no expense to the member. Should the member discard the contaminated clothing without approval, replacement will
IX. **HEPATITIS B VACCINATION**

Hepatitis B vaccinations will be offered, free of charge, to all affected personnel as listed on addendum “A” of this General Order.

The vaccination will be offered to the employee within 10 (ten) working days of assignment to an area of occupational exposure and at the completion of training. The employee, after being thoroughly educated regarding HBV, may refuse the vaccination. In such cases, a waiver must be signed by the employee. Those who decline, but request it at a later date, will have the vaccine made available to them.

X. **EVALUATION & MANAGEMENT OF EXPOSURE INCIDENT**

The following guidelines shall be followed when an exposure or suspected exposure occurs:

A. As soon as possible, the affected member shall report to the contract medical facility or the nearest hospital (when the contract medical facility is not operational) for treatment of any injuries (e.g. cuts, punctures, lacerations, blood or body fluids on non-intact skin, etc.). The medical staff will provide initial treatment and evaluation of the exposure which will include recommendations as to further treatment or tetanus evaluation.

B. If exposed, thoroughly flush eyes, ears, or nose with water as soon as possible.

C. Allow open wounds to bleed freely at first, then clean thoroughly, apply disinfectant, and bind/cover with sterile dressing or bandage.


E. The Supervisor (See “D” above) shall conduct an investigation of the incident and clearly document the event and means of exposure on a Fire Report of Injury Form and DHMH Supervisors Form (See addendum D)

F. If possible, attempt to identify the source of potential infection. Maryland law (Md. Code Ann. Health Art. § 18-213) mandates that the receiving hospital notify law enforcement personnel, if a patient they had contact with is subsequently diagnosed with a contagious disease or virus.

G. If an employee has an exposure in the field and the source individual is transported to the
hospital, the employee must notify the emergency room supervisor, who will be requested to seek to get voluntary consent from the individual to be tested. The officer/member must supply the hospital with the name, phone number, and mailing address of the Exposure Control Program Coordinator for notification.

NOTE: If the source individual refuses to submit voluntarily to testing see addendum E (court order).

H. The Exposure Control Program Coordinator, within 48 hours of confirmation of the member’s diagnosis, will request of the medical treatment facility the test results; and a copy such results shall be placed in the member’s Bloodborne Pathogen file.

The Occupational Medicine physician should coordinate any necessary medical testing of suspected carriers of a contagious disease and any necessary testing/treatment of members of this department.

I. As soon as possible, the affected employee shall be scheduled for an evaluation with the City Health Department.

Supervisors shall:
1. Ensure that any arrestee who has bitten a member of this department or suspected carrier of a communicable disease is asked to submit to a blood test.
2. Ensure that an Occupational Medicine physician is notified weekdays between 0800-1630 hours. During other hours contact the Operations Lieutenant.
3. Upon refusal by an arrestee or suspected carrier to submit to a blood test, ensure the Legal Advisor is contacted weekdays between 0800-1630 hours. (See appendix A)
4. When a person with known communicable disease has been transported in a departmental vehicle:
   a. Ensure the vehicle is thoroughly cleaned immediately following the person’s release and prior to utilizing the contaminated vehicle. Any areas contaminated by blood, saliva, semen, urine or feces should be similarly cleaned.
   b. Whenever the special containers for deposit of contaminated material need disposal notify the Quartermaster.

J. The dispatcher shall, when requested, contact the Legal Advisor or Occupational Medicine physician.
The Occupational Medicine physician must coordinate any necessary medical testing of suspected carriers of a contagious disease and any necessary testing/treatment of members of this department.

XI. POST EVALUATION (EXPOSURE INCIDENTS)

Exposure incidents shall be reported as soon as is practical to the BCSPF Exposure Control Program (ECP) Coordinator, or in their absence, the on-duty Commander. Exposures will be treated in accordance with established procedures. Post Exposure follow-up will be provided under the direction of the BCSPF Exposure Control Program Coordinator.

A. Post Exposure follow-up shall be conducted in accordance with the following procedure:

1. A confidential medical exam is made available to any employee immediately following an exposure incident.
2. The circumstances of the incident and route of exposure will be documented.
3. The identity of the source individual will be documented if feasible.
4. The source individual’s blood will be tested for HIV and HBV as soon as possible.
5. The results of the source individual’s blood test will be made available to the exposed employee.
6. The exposed employee will be informed of laws and regulations concerning disclosure of the source individual’s identity and infectious status.
7. The exposed employee’s blood should be collected as soon as practical and tested after consent is obtained.
8. If the employee does not consent to HIV testing, the blood sample will be retained for 90 days in the event that the employee reconsiders.
9. The exposed employee should be provided post-exposure prophylaxis when medically indicated according to guidelines.
10. Counseling for exposed employee should be provided.
11. A written opinion from a health care professional should be obtained and provided to the exposed employee within 15 days.
12. Subsequent illness for exposed employees should be evaluated.

B. Medical Records should be maintained for the duration of employment plus 30 years.
The records should include:

1. A copy of the employee’s Hepatitis B vaccination status, including the dates of all the Hepatitis vaccinations and any records relative to the employee’s ability to receive vaccinations.
2. A copy of the results of examinations, medical testing, and follow-up procedures.
3. The employer’s copy of the health care professional’s written opinion.
4. A copy of the information provided to the health care professional.
   a. Access to these records shall be limited to:
      i. OSHA/MOSHA,
      ii. The victim, or
      iii. A representative of the victim, if that person has sufficient written authorization.

C. All records required by OSHA/MOSHA standards should be maintained by the BCSPF Exposure Control Program Coordinator in their files (except training files).

**XII. EFFECTIVE DATE**

This Order shall be effective on the date of publication.

I certify that I have read and fully understand this Order.

Signature________________________________________ Date____________________